



AGENDA ITEM

AGENDA ITEM #7.A

AGENDA DATE: November 22, 2022

PRESENTED BY: Dr. Bradford Wiles & Denice Gilliland

AGENDA TOPIC:
Child Care Needs Assessment and Market Study

SUMMARY & BACKGROUND OF TOPIC:

In May 2021, the ARPA Task Force formed resident engagement process to illicit ideas on how Reno County and the City of Hutchinson might allocate the \$18 million combined funds received in Federal funding from the American Rescue Plan Act toward COVID-19 recovery.

On January 25, 2022, the ARPA Task Force presented their [Civic Engagement Report](#) which found that the top key spending priority was expanding childcare offerings/access.

An ARPA work study for the Reno County portion of ARPA funds was held on February 22, 2022. Ms. Gilliland advised that United Way was partnering with K-State to collect childcare data and make a final report to present later in the year which is what is being presented today.

POLICY / FISCAL IMPACT:

Reno County allocated \$4.5 million in ARPA funds toward childcare.

Child Care Needs Assessment and Market Study

**Final Report for
Reno County, Kansas**

Prepared by:

**The Applied Research in Child
Health and Enhancing Resilience
(ARCHER) Laboratory at
Kansas State University**

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Reno County Child Care Needs Assessment and Market Study

Introduction

The authors would like to acknowledge the collaborative support this work received from the Reno County Child Care Systems Team. Specifically, the ARCHER laboratory in the Department of Applied Human Sciences, College of Health and Human Science at Kansas State University would like to acknowledge Denice Gilliland, Kari Mailloux, Beth Carlton, Betsy McKinney, Heather Faulkner, and Ashley Webster, and Lauren Meador for their efforts in advancing this work. Most importantly, we would like to acknowledge those who contributed to our understanding by responding to surveys, participating in focus groups, sharing the opportunity, and supporting this work. We sincerely hope your voices come through loudly and clearly, as evidenced by your passion for your respective communities.

Overview

This report contains data collected from August 3, 2022, through October 1, 2022. Survey data, focus group data, and publicly available data inform the overall picture of needs for care in Reno County, Kansas. A total of 614 responses met validity and data integrity checks for inclusion in the final data set, excluded data were due to pre-launch testing responses. Focus groups were conducted in both Buhler and Hutchinson, with several participants traveling from Pretty Prairie, Nickerson, and Arlington to participate. A total of 43 participants engaged in nine focus groups, and two interviews were conducted in addition, for a total of 45 participants. Focus groups were conducted, including a total of 11 early care provider participants, 26 parents or guardians seeking or with care, and 10 people representing the general public. Recruitment for the focus groups occurred through multiple modalities, including sharing online in Facebook groups, through organizational websites, newsletters, and news articles.

Survey data were collected for those seeking care (N=144), those with care for at least one child (N=181), child care providers in administration (N=24) and as employees (N=76), and 189 members of the general public. Each survey also included a chance for respondents to answer qualitative questions (i.e., short answer text boxes) to allow for additional input. These responses were organized into themes and presented in the following report. Focus groups were conducted by trained faculty and graduate students in the ARCHER lab in collaboration with the director.

Secondary, publicly available data were collected across multiple sources, and references to these are provided at the end of this document. These data were used to make projections about future needs and child care supply.

Survey Responses

Adults Seeking Child Care

The resulting sample for adults seeking child care was 144. The typical respondent was highly educated (bachelor's degree), White/Caucasian (91.8%), non-Hispanic (89.3%), female (95.4%), 33-37 years of age. Most of the sample (91.6%) indicated working as a paid employee. Median household size was three, and median household income was \$30,000-\$39,999. Additional demographic information and quantitative results are provided below.

Quantitative Survey Results

Living in Reno County: $n = 124$ (93.9%) Other counties of residence represented:

County	Frequency
Barton	1
Harvey	2
McPherson	3
Sedgwick	2

Number of Townships Represented: 9 Townships with Multiple Respondents

Township	Frequency
Abbyville	1
Arlington	2
Buhler	2
Haven	5
Hutchinson	98
Nickerson	4
Pretty Prairie	2
South Hutchinson	7
Sylvia	1

Ages of Children

Age	Frequency
0-11 months	32
12-18 months	22
19 months to 4 years	57
5 – 8 years	53
9 – 12 years	28
13 – 15 years	12
16 – 18 years	7

Barriers encountered when searching for care (select all that apply)

Type of Barrier	Frequency	Percent of sample
Cost/affordability of childcare	50	17.7
Scheduling child(ren) care to match work schedule	29	10.3
Location of care	24	8.5
Quality of care	38	13.4
Finding temporary care	30	10.6
Dependability of care	36	12.7
Travel time to/from care facility	10	3.5
Finding care for sick child(ren)	26	9.2
Transportation to/from care	15	5.3
Other	4	1.4
Finding care for child(ren) with special needs	12	4.2
Facility accepting DCF child care subsidies	6	2.1
Finding care for children with dietary/allergy restrictions	3	1.1

Childcare preferences (select all that apply)

Type of childcare arrangement	Frequency	Percent of sample
Childcare center	59	16.9
Childcare by me in our own home	38	10.9
Combination of care as needed	47	13.4
School-based program	51	14.6
Care in own home with relative	33	9.4
Care by spouse / other partner in our own home	28	8.0
Care in relative's home	40	11.4
Care in non-relative's home	37	10.6
Care in your home with non-relative	13	3.7
Other	4	1.1

Days/times you need childcare (children ages 0-5)

Day or time requiring childcare	Frequency
Monday-Friday	59
Snow days, holidays, summer breaks	31
Evening/nights (2 nd shift)	8
Early morning (graveyard shift)	3
When your child is sick	24
Other	5

Days/times you need childcare (school-age children)

Day or time requiring childcare	Frequency
After school only	33
In-service/professional development days	34
Natural school breaks (e.g., spring, winter)	33
Other	1
Before and after school	17
Emergency school closings	31
Before school only	2
When your child is sick	19

Perceptions of reasonable pricing according to child age and type of facility
(per week/per child during the regularly school year)

Amount	Childcare Center	Home-Based Facility
Infant (0-12 mos.)		
No pay required	1	1
Less than \$100	9	12
\$100-\$150	26	25
\$151-\$200	14	13
\$201-\$250	4	3
\$251-\$300	0	0
Over \$300	0	0
Toddler (13-24 mos.)		
No pay required	1	2
Less than \$100	16	16
\$100-\$150	31	28
\$151-\$200	5	6
\$201-\$250	1	0
\$251-\$300	0	0
Over \$300	0	0
Preschool (>24 mos.)		
No pay required	3	1
Less than \$100	29	29
\$100-\$150	22	25
\$151-\$200	3	3
\$201-\$250	2	1
\$251-\$300	0	0
Over \$300	0	0

Importance of various factors in finding child care

Rank	Factor	Mean (SD)	Min	Max
1	Cost	3.75 (3.57)	1	18
2	Provider is someone you know and trust	3.95 (3.06)	1	13
3	Provider offers stimulating activities or programs	6.02 (2.50)	2	16
4	Provider's discipline and guidance styles match yours	5.82 (2.83)	1	17
5	Provider emphasizes school academics (e.g., reading and math skills)	7.77 (3.01)	2	14
6	Provider has a reputation for good care	5.11 (3.37)	1	14
7	Provider emphasizes creativity in art, music, theater and pretend play	8.78 (2.73)	2	16
8	Race, ethnicity or language of the provider matches yours	10.88 (6.03)	3	23
9	Provider was recommended by a family member or friend	10.80 (3.81)	3	22
10	Provider accepts infants	11.49 (5.17)	1	22

Qualitative Survey Findings

At the end of the survey participants were invited to respond to the following prompt, "Is there anything regarding child care in your community that you wished we had asked, or you would like to tell us?" The following statements were provided:

Availability (days/time/facility openings)

- I am a grandmother with a special needs granddaughter - my son is a single parent who works full time at a fast-food restaurant and works weekends along with during the week. We help watch our granddaughter but both work full time also. We need care for her when school isn't in session during the school year and with summer. We have a big lack of daycare providers in Reno County, especially for special needs children. Thank you for any help you can provide to solve the daycare crisis.
- This community is large enough that there should be several large daycares with openings available.
- We have great quality childcare, there just is not enough of it. There is an absolute lack of care for children in Pre-K and kindergarten at this time.
- We have a few great daycare centers and some really great home daycares. I wish more accepted infants and I wish there was more infant spots. I also wish there was more after school care into the evening for hospital workers. Thank you for doing this. We appreciate you!

Quality of care and training for workers

- The importance of licensed providers. I'm the type of parent that wants proof that the providers and/or facility goes through regular examinations and testing.
- In regard to childcare facilities and public schools- children with special needs are being negatively impacted by lack of options available and lack of Paras in schools. In some daycare centers, the staff is not appropriately trained on how to care for children with special needs and it is concerning.
- There are many owners of daycares or that work at childcare centers that are not qualified!! When you can tell a daycare manager doesn't even like kids, that's a red flag. When I was searching for daycare for my 2-year-old, I drove 45 minutes one way to take him there. After 2 months, I just couldn't pay for it anymore as far as daycare itself and fuel. It also took 2 hours

out of my workday. I'm lucky enough to work from home, but I ended up working nights because a 2-year-old needs constant attention. 45 minutes away from the closest daycare/daycare with an opening?! That's crazy!!!!

Resources for facilities and public

- I have heard from everyone that I need to get childcare as soon as I learned I was expecting. But there really is no guidance. I signed up on the community portal but no real response so I'm not sure how many wait lists I am on. I have called some providers and most of them seem surprised saying they don't know if they will have openings. I have asked if they have a waitlist and some just say to contact again later with no specific time in mind.
- Facilities need to be given resources to raise their wages to attract more reliable workers without raising already high childcare prices. I pay less for the entire school year for my school aged child than I do in 1 week for my daycare aged children. Our children are federally funded but not the first 4 years of their lives.

Miscellaneous

- I wished the bigger companies would provide or subsidize childcare so that there were more open spots. Childcare is hard to find and can be hard to afford here.

Adults with Children in Child Care

The sample for adults with children in child care was 138. The typical respondent held an Associate degree, was White/Caucasian (94.7%), non-Hispanic (92.9%), female (86.5%), and 28-37 years of age. Almost the entire sample (99.2%) indicated working as a paid employee. Median household size was four, and median household income was \$100,000-\$109,000 Additional demographic information and quantitative results are provided below.

Quantitative Survey Results

Living in Reno County: *n* = 152 (93.9%) Other counties of residence represented:

County	Frequency
McPherson	3
Sedgwick	1

Ages of Children

Age	Frequency
0-11 months	12
12-18 months	21 (with 1), 1 (with 2)
19 months to 4 years	74 (with 1), 11 (with 2)
5 – 8 years	42(with 1), 11 (with 2), 1 (with 3)
9 – 12 years	25 (with 1), 5 (with 2)
13 – 15 years	9 (with 1), 2 (with 3)
16 – 18 years	9 (with 1), 2 (with 2), 1 (with 4)

Barriers encountered when searching for care (select all that apply)

Type of barrier	Frequency	Percent of sample
Cost/affordability of childcare	77	16.9
Quality of care	82	18.1
Location of care	45	9.9
Dependability of care	65	14.3
Travel time to/from care facility	19	4.2
Scheduling child(ren) care to match work schedule	39	8.6
Finding care for sick child(ren)	38	8.4
Finding temporary care	33	7.3
Transportation to/from care	21	4.6
Other	17	3.7
Finding care for children with dietary/allergy restrictions	7	1.5
Finding care for child(ren) with special needs	4	0.8
Facility accepting DCF child care subsidies	7	1.5

Childcare preferences (select all that apply)

Type of childcare arrangement	Frequency	Percent of sample
Childcare center	67	23.1
School-based program	59	20.3
Childcare by me in our own home	30	10.3
Care in non-relative's home	37	12.8
Combination of care as needed	27	9.3
Care by spouse / other partner in our own home	15	5.2
Care in own home with relative	18	6.2
Care in relative's home	29	10
Care in your home with non-relative	7	2.4
Other	1	0.4

Type of Current Child Care

Type of childcare arrangement	Frequency	Percent of sample
Childcare center	59	42.6
Care in non-relative's home	32	17.7
School-based program	36	19.9
Childcare by me in our own home	8	4.4
Combination of care as needed	7	3.9
Care in relative's home	16	8.8
Care in your home with non-relative	4	2.2
Care by spouse / other partner in our own home	8	4.4
Care in own home with relative	5	2.8
Other	6	3.3

Days/times you need childcare (children ages 0-5)

Day or time requiring childcare	Frequency
Monday-Friday	102
Snow days, holidays, summer breaks	40
Evening/nights (2 nd shift)	1
Early morning (graveyard shift)	1
Other	8

Days/times you need childcare (school-age children)

Day or time requiring childcare	Frequency
Before and after school	17
After school only	58
Other	9
In-service/professional development days	64
Natural school breaks (e.g., spring, winter)	53
Emergency school closings	42
Before school only	3

Perceptions of reasonable fees for childcare according to child age and type of facility (per week/per child during the regular school year)

Amount	Childcare Center	Home-Based Facility
Infant (0-12 mos.)		
No pay required	4	4
Less than \$100	4	6
\$100-\$150	48	47
\$151-\$200	28	18
\$201-\$250	8	3
\$251-\$300	1	0
Over \$300	3	3
Toddler (13-24 mos.)		
No pay required	2	4
Less than \$100	11	15
\$100-\$150	65	50
\$151-\$200	14	8
\$201-\$250	0	0
\$251-\$300	2	1
Over \$300	3	3
Preschool (>24 mos.)		
No pay required	3	2
Less than \$100	36	34
\$100-\$150	56	50
\$151-\$200	10	7
\$201-\$250	0	0
\$251-\$300	1	1
Over \$300	3	3

Amount you currently pay for childcare, according to child age and type of facility (per week/per child during the regular school year)

Amount	Childcare Center	Home-Based Facility
Infant (0-12 mos.)		
No pay required	4	9
Less than \$100	4	1
\$100-\$150	48	20
\$151-\$200	28	17
\$201-\$250	8	3
\$251-\$300	1	1
Over \$300	3	1
Toddler (13-24 mos.)		
No pay required	2	11
Less than \$100	11	3
\$100-\$150	65	26
\$151-\$200	14	12
\$201-\$250	0	1
\$251-\$300	2	1
Over \$300	3	3
Preschool (>24 mos.)		
No pay required	3	15
Less than \$100	36	12
\$100-\$150	56	47
\$151-\$200	10	15
\$201-\$250	0	0
\$251-\$300	1	1
Over \$300	3	5

Ranked importance of various factors in finding child care:

Rank	Factor	Mean (SD)	Median	Mode	Min	Max
1	Cost	3.59 (2.62)	3	1	1	14
2	Provider is someone you know and trust	4.33 (3.52)	3	1	1	15
3	Provider offers stimulating activities or programs	5.5 (2.81)	5	3	1	13
4	Provider's discipline and guidance styles match yours	5.98 (2.87)	6	7	1	17
5	Provider had a reputation for good care	5.99 (3.93)	5	2	1	13
6	Provider emphasizes school academics (e.g., reading and math skills)	7.08 (3.18)	7	8	1	18
7	Provider emphasizes creativity in art, music, theater and pretend play	8.61 (2.85)	9	9	1	17
8	Race, ethnicity or language of the provider matches yours	9.73 (4.36)	8	6	3	23
9	Provider was recommended by a family member or friend	10.46 (3.53)	11	12	1	18
10	Provider accepts subsidy payments	11.16 (3.24)	10	10	4	23

Qualitative Survey Results

The following responses were provided for the prompt, "Is there anything regarding child care in your community that you wished we had asked, or you would like to tell us?":

Availability of care (days/time)

- We need more childcare at 5:30 am shifts
- I feel that we need more before and after school care.
- I was lucky enough to have a family member that was able to take in my son in her licensed home daycare however I have many friends and family that have had tremendous difficulty finding care for their children. There is a significant need for affordable childcare especially for infants.
- Daycare closing and finding a replacement. 3 closed in a matter of a month and I myself had to call around, struggling to find a place for a 2-year-old.
- It seems there is this major concern in regard to childcare. There are many facilities for childcare in Reno County that have quality staff and provide quality care. It is our opinion that those not trained in the field are looking through the lenses of parents or outsiders, trying to create or spend more money and energy on something that already exists. Maybe time should be spent on issues where a difference can be made instead of continually trying to reinvent the wheel by making it a different color.
- The childcare availability in our town is almost non-available and has a long wait list if you are able to find one. The childcare center where I originally had my child provided low wages which led to employee turnover and inadequate care for my child. They had many complaints and state inquiries into the care. I was luckily able to pull my child from that center before too much harm could be done as well as before they shut down. They've recently reopened only to shutter once again. The care center we turned to has been amazing, even though the area they are in isn't considered the best. Many of the staff of been there 10, 15 or even 20 years. They are caring and I can tell they have my child's best interest at heart.

We were lucky due to the age of my child as well as school starting that we were able to secure a spot. However, the story is much different for those with infant aged children. When I had become pregnant with my youngest, almost the first thing we did was start getting on wait lists. Even prior to her being born, we were in the 30's on the wait list.

- Infant care is nearly impossible. It's very hard to find summer care as well. The care we have been able to find has had very limited hours and has been difficult to manage around.
- We need summer camps and school age camps / day cares go stay open longer in the summer. The Hutch Rec Stay to Play camp closes 2.5 weeks before school starts. That's a huge gap in childcare for a lot of Hutchinson families. Also, it would be nice to have some options for older children as well. Just because a child is 12/13 and can stay home alone all day doesn't mean they should. Having an option 2-3 days per week would help keep this age group stimulated, supervised and potentially out of trouble.
- Infant care is next to impossible to find. Substitute care or part time care continues to be a problem. Care when school is not in session is also a problem
- It is extremely difficult and stressful to acquire a spot for childcare in this country! You have to be on a waiting list at least a year in advance, and even then, there are no guarantees. It's particularly difficult for parents with infants. I am grateful that we were able to acquire a spot for my son at the Hutchinson High School Day Care. We are very pleased with the service they provide! I just wish it wasn't such a competitive and difficult market in our country. It makes it hard to have a family and work at the same time. I appreciate the efforts Reno County and USD 308, and 313 (Buhler) has made to accommodate staff with children!
- It is much more difficult to find childcare for an infant. A lot of daycares don't accept them until they are 6 months of age, but I don't know a single job where they'll give you that much time off after you give birth. Also, as a teacher, we still have to pay full daycare fees over the summer (even though I keep them home with me) to hold our spot. It's also not uncommon to not have a spot for a new younger sibling at the daycare the older sibling goes to.
- Childcare is extremely difficult to find. I put my name on a waitlist 8 months ahead of baby being born and no one wanted to give an answer ahead of time.
- Infant care was almost impossible to find, we got lucky with both of ours. There is nothing better than dropping your kid off in a clean, well-cared for facility with people you trust. When I can go to work all day and not worry about the quality of care my children are receiving, that's the best scenario.
- Daily/temporary childcare rates. I only need childcare in the summer. Prior to my daughter starting school she attended daycare through my work, but it was only available during the school year. In the summer she wants to spend days with family, or we have vacation. Or the provider has decided to take vacation and we are still required to pay. Which often results in double paying for daycare when we have to find back up. Temporary daycare should be more flexible for parents.
- There is a huge lack of childcare centers that accept infants in our area. We don't have family that can watch our children, and I don't feel comfortable having our children attend an in-home daycare, so it felt as if our options were very limited. It likely forces families into having one parent quit their job to ensure their children are well taken care of.
- There is just not many childcare opportunities and the childcare provided by my employer had a waiting list of 2+ years.
- We need more daycare centers that match teacher schedules, so we don't have to pay for days our kids don't attend just to hold a spot.
- We wish there were more options available without wait lists. At the moment you have to have a spot before you even know your pregnant.
- The biggest stressor in my life is childcare arrangements for my kids. As a teacher and coach, so much is expected of me before or after the school day, and there is nothing in place by our districts to care for staff children when staff are working extra hours or come to school for

professional development when students are out of school.

- Having twins, it was EXTREMELY hard to find childcare when they were infants. And even when they got to the toddler stage, we had trouble finding someplace that had two spots open. One center told us that we were at the top of the list but were often bypassed because only one spot was open.
- I have heard from other parents that some daycare providers (in home daycare) were either sick themselves or had a child who lived with them be sick regularly so they would have to close the daycare until symptoms subsided. This would then put that parent in a bind to find an alternate location to watch their healthy child while their usual daycare was closed. However, most - if not all - daycares are at their max capacity. Although my place of work is very flexible, others' situations are not. They would have to call into work or scramble to find family/friends/strangers from the internet to watch their child for the day(s) that daycare was closed. I'm fortunate that I do not struggle with daycare, but I know many parents do.
- I wish my employer knew that if they offered on-site childcare, they could probably better maintain employees. I work in healthcare, and I therefore work with many young moms. Also, you didn't ask about part-time care. I only work part-time and was hoping to find a part-time spot for my 2 kids. However, when I was searching for a provider 1.5 years ago, my current in-home provider said she only wanted to take them full-time, and she had the leverage to do so with the shortage. I don't blame her, and I had to take the spots, but I had to pick up an extra day of work because I had to pay for full-time care. I called another facility about part-time care, and they told me they do allow part-time, but I could choose only morning or only afternoons, and that this option was only available if they had someone willing to do part-time on the other half of the day. Most of us that work part-time don't work half days. We work a few full days a week. So, their part-time availability wouldn't have worked for me.
- We LUCKED OUT when our children were infants because our daycare prioritized admittance for teacher's kids, so we got infant spots. That situation doesn't happen for 95% of parents in Reno county.
- The biggest barrier for us was simply that no one had any infant spots and wait lists were 8+ months long. It just doesn't feel like there are enough childcare providers and the present ones are overwhelmed with requests. I know this isn't quite the focus of this study, but I had hoped to see questions regarding paid parental leave. I think universal paid parental leave would alleviate some of the burden and high demand for infant spots and I hope it's part of the conversation going forward. It was also hard to decide on a reasonable amount that providers should charge. On one hand, I know what fits in our budget. But I also believe that providers *should* charge more because they deserve to live a comfortable life, too, so I understand why some charge higher rates. Two providers we were wait-listed with closed because they took other jobs that paid more than they were able to make.

Pay for Workers vs. Cost of Care

- I want an equitable balance between what I hope people get paid to watch my child, and how much I am willing to pay. There is a difference. I wish that there was assistance to ensure that these professionals get paid what they deserve without it being solely on the shoulders of those using the service.
- I think the biggest barrier in having quality childcare here in Reno County is due to how low paying the wages are for childcare workers. I think it is nearly impossible to employee as many people who are needed who are qualified and educated in proper child development and child safety with wages where they are at.
- Daycare employees do not get paid enough. The turnover in this area is really high. The requirements from the state of Kansas are too strict to allow employees to enter the field. It is easier and pays better to choose another field to work in.

- The pay rate for our childcare workers is far too low. It is hard to have quality staff when they are unable to offer a wage that even comes close to competing with standard wages now.

Affordability of Child Care

- We need good affordable childcare in Reno County. Quality care is limited.
- Many childcare facilities do NOT prorate the days. They have a certain number of spots available for care, so you have to pay a weekly rate, even if you only need them for a periodic drop-in day. They do NOT do drop ins or they can get into trouble for having too many kids. So periodic childcare is still extremely expensive. For frame of reference, my mortgage is \$590 per month and my daycare costs are \$700 in a 5-week month or \$560 in a 4-week month. It is EXPENSIVE!!! Even with DCF assistance it is too much to handle so I pull my son out of daycare during the school year and try to save up for the summer months.
- How much we pay in childcare a month
- Some people can pay much more than they are paying for care. Some struggle to pay current costs. I wish costs could be based on ability to pay so that the business case for childcare centers was more feasible. I do not mind paying \$300/week if those who can't afford it are able to pay \$50-\$100. But everyone pays \$135-160, which makes centers unsustainable.
- I know that the rates are reasonable because good providers are invaluable, however, we still couldn't afford them for our girls.
- We need to be able to recruit and retain high quality, highly trained staff. Perhaps looking at bonuses, stipends, and increasing base pay would be of value. I want to take my kids to a facility where they can grow through intentional best-practice. More businesses offering childcare for employees would ease some of the burden on families and encourage further employment, potentially spurring economic development.

Quality of Child Care

- Care is scarce and very low quality - sometimes even dangerous. As a society, we seem to be waiting for a tragedy so we can send 'thoughts and prayers'. Sadly, people will accept anyone that will accept their children because of the scarcity and lack of good parental models. Training, experience, and best practices are not a priority for many. As an educator, I have a lot of concerns about the care available in the county.
- Finding quality, affordable childcare in Reno County is honestly one of the most stressful events I've personally gone through in recent memory, including stress created by the pandemic. Calling provider after provider to be told there are no spots available truly made it a challenge to return to work when an opportunity arose. I found myself debating taking a job or staying home with children.

Miscellaneous

- I hope that school districts will collaborate with private providers/centers in order to provide options for preschool/pre-K inside existing facilities. Without after-school transportation and care options for my four-year-old, as well as summer care, the free public pre-k was not an option. Surely the district (specifically USD 308) can take an asset-based approach to looking at the system of early care and education and leverage existing resources so that parents don't have to choose between free public pre-K and private pay pre-K/daycare.
- I wish there was accredited and trained preschool programs. I would prefer them to be held within the elementary buildings, as it would help guide those ready for preschool programs to be more comfortable in school environments.
- Follow up should be done to ensure providers are engaging with kids.
- It doesn't seem like we truly have a centralized place to get information about all the available area daycares. Our local Child Care Links list only includes daycares that have voluntarily provided their information. The information on the Child Care Aware website is

always outdated (regarding current openings). The local Facebook group (mentioned below) is probably the most comprehensive resource, but still, not all providers are active in the group. I ended up utilizing all of those resources plus the daycare inspection results page on the KDHE website to make my own comprehensive list of all the licensed providers in Hutchinson. Finding an infant spot in Reno County is nearly impossible. We were on about a dozen waitlists for 13 months before we got an infant spot, and we'd gotten on all of those waitlists long before the baby was born. Fortunately, my employer allowed me to work remotely until we had daycare; otherwise, I would have had to quit my job. As the primary breadwinner in our family, that would have been devastating. The waitlist system is unreliable at both daycare centers and home daycares. Providers would tell me they had put me on their waitlist, and then months later they'd post an opening in the Hutchinson, KS Area Licensed Daycares Facebook group instead of using their supposed waitlist. The spots would get filled pretty much immediately, and we never lucked out in getting one. I finally gave up on all our waitlists and started contacting daycares monthly to check for openings. Quality of care is high on our priority list, which is also very difficult to find. The first daycare provider we had told us everything we wanted to hear in our interview, but in reality, she had the TV on literally all day, had the max number of kids allowed so it was total chaos, and she fed the kids junk, processed foods all day. The second daycare we used was better but also served unhealthy foods and used outdated discipline and feeding methods (forcing kids to eat certain foods before they could have something else, take a certain number of bites, etc.). The third (and hopefully final) daycare we got into, which we're currently using, is amazing. She does lots of outdoor time, feeds healthy, mostly homemade or natural foods (nothing processed), understands baby led weaning, gentle parenting methods, the importance of child-led and unstructured play, limits toxins (plastics and such), etc. We couldn't get a spot there until our son was 21 months old, but it's such a huge relief to finally have quality care. I'm not aware of another daycare like this one in Hutchinson. I recognize that many families are in a financial or employment situation that forces them to take whatever daycare they can get, but for us, a daycare that we consider to be quality is of utmost importance.

- I am really frustrated by a couple things. First, the regulations for non-relatives providing care in their home are unrealistic. I had a great provider who wanted to watch a couple children in her home but could not provide care for the whole week because she was not licensed. That doesn't make sense. Secondly, it's so difficult to get licensed and it takes forever to jump through all the hoops! I waited about 9 months for an established center to get an additional classroom licensed so they could accept more children. That is crazy! I also had a great provider who wanted to get licensed but gave up because of all the hassles.

Childcare Professionals

Quantitative Survey Results

Living in Reno County: $n = 95$ (95.96%) Number of townships represented:

8 Towns / Cities with respondents

Township	Frequency
Abbyville	1
Arlington	2
Buhler	3
Hutchinson	84
Nickerson	1
South Hutchinson	2
Sylvia	1

Role within the program

Administrator/Owner	23
Lead Teacher	84
Other	0

Missing $n = 16$

Annual gross individual income: ($n = 10$)

Income	Frequency
\$10,000-\$14,999	1
\$15,000-\$19,999	0
\$20,000-\$24,999	1
\$25,000-\$29,000	2
\$30,000-\$34,999	4

How many hours per week, on average, do you work? ($n = 8$)

Hours	Frequency
36-40	12.5%
41-45	0%
46-50	25%
51-55	12.5%
56-60	25%
60+	25%

Which of the following benefits do you receive? ($n = 10$)

Benefits	Frequency
Insurance (including health, dental, vision unemployment, disability, lift, etc.)	10%
Retirement benefits (including Kansas Public Employees Retirement System [KPERS] plans)	10%
Paid leave (including holiday/vacation time, sick leave, or maternity/paternity leave)	10%
401k	0%
Flexible spending accounts	10%
College tuition assistance	0%
Professional development scholarship/assistance	10%
Discounted childcare	0%
Uniforms	0%
Long-term care benefits	0%
Bonuses/gift cards	0%
None of these	50%

What expenses do you pay out of pocket as a child care professional? ($n = 8$)

	Frequency
Professional Development	100%
Sick leave/vacation	100%
Educational supplies (art supplies, paper, etc.)	100%
Personal care supplies (diapers, formula, etc.)	100%
Cleaning supplies (including hand sanitizer, sanitizing supplies, etc.)	100%
Medical supplies	100%
Food (including snacks, meals, milk, etc.)	100%
Food preparation supplies (utensils, cutlery, kitchen supplies, etc.)	100%
Transportation/vehicle expenses	100%

Do you work off the clock? ($n = 8$)

	Frequency
I do not work off the clock	0%
I work off the clock	100%

How much per year, on average, do you pay out of pocket for these expenses? ($n = 8$)

	Cost							
Professional Development	\$215	\$100	\$200	\$300	\$400	\$100	\$50	\$100
Sick leave/vacation	\$100	\$1500	\$150	\$1000	\$0	\$0	\$3,000+	\$130
Educational supplies (art supplies, paper, etc.)	\$500	\$250	\$500	\$2,000	\$100	\$250	\$500	\$400
Personal care supplies (diapers, formula, etc.)	\$100	\$0	\$0	\$500	\$100	\$1,200	\$500	\$500
Cleaning supplies (including hand sanitizer, sanitizing supplies, etc.)	\$600	\$200	\$100	\$800	\$100	\$3,500	\$500	\$500
Medical supplies	\$200	\$50	\$100	\$100	\$100	\$500	\$300	\$100
Food (including snacks, meals, milk, etc.)	\$5,500	\$0	\$0	\$1,300	\$2,500	\$18,000	\$10,000	\$3,000
Food preparation supplies (utensils, cutlery, kitchen supplies, etc.)	\$150	\$200	\$100	\$1,000	\$200	\$250	\$500	\$400
Transportation/vehicle expenses	\$200	\$0	\$0	\$5,500	\$500	\$2,500	\$0	\$1000

Qualitative Survey Findings

Participants made the following statements in response to, "Is there anything regarding childcare in your community that you wished we had asked, or you would like to tell us?":

Cost of Fees

- We are under the umbrella of a private school so some of our fees and expenses are included in facilities maintenance and rent agreements
- It's expensive if you are paying mortgage and all bill and other staff.
- As a daycare provider is very difficult especially with everything else going up to be able to afford to keep praying especially when we are not considered an organization or we can have health insurance through and we have to go through individual companies or go without The other thing is I think home daycare's should be allowed to have the child numbers changed

from 0 to 12 months and then 12 months to four years because kids start school and preschool now and 4 / 5 don't have any place to go in school's out for summer time also the infant problem is they take two spots in a week afford to take an event and lose that money something needs to be done about that also I think we should be allowed to read that you do a case by case or across-the-board be able to keep one or two more kids in the 18 month to five years the way is that right now if we have no implants the way it is right now we can only have seven if you're lucky you catch a five-year-old that Couldn't start school at five then you may be able to make a little extra money the way they have it set up right now keeps daycare providers in poverty level pretty much especially because we can't afford insurance because marketplace goes off of what you made not what you actually took home love you look at my taxes I didn't make that may be \$5000 this year but they're not gonna go off of that they're going to go off of the main amount so it cost us a lot of money and not good insurance so I think somethings should be set up Like a company would have so we can get insurance that way getting decent insurance at affordable price thank you

Pay and Concerns for Workers

- It would be amazing if we could pay childcare providers at least the same as fast food workers. It would be amazing if people understood how important it is to put a great foundation on littles before they go to school. They learn how to take turns, how to sit still, be social, share emotions. It's crucial to their development.
- This job often requires overtime, lacks training for caring for children with special needs (a population that is regularly turned away and refused enrollment in daycares), and employees are still seen as less deserving than other service industry employees despite the increased responsibility and expectations. People who know you work in childcare often assume you are willing to volunteer for childcare needs at community events. It's a job that people expect you to work for free outside of the place that employs you.
- Childcare providers aren't appreciated.

Childcare Needs for Community from Providers/Professionals' Perspective

- A lot of the above doesn't pertain to me as I am a kindergarten teacher. I do know the need in Hutchinson ,Ks. for quality childcare providers/facilities is HUGE.....infant care is even higher. Hutchinson needs to build a large childcare center that provides infant-3yr care if not preschool too. As a parent that used to need childcare it was easier on the mama heart to send my child to a larger facility vs. an at home provider only due to the unknown of what's happening. The facility I used had cameras, so it made it easier to trust the care.
- I am a teacher in an elementary school. I am very aware that childcare in Hutchinson is very difficult for parents-lack of safe places to leave children, very expensive, especially for younger children.
- Data shared are projected numbers on our pro forma. Our center opens in 2024. I've worked in childcare and preschools for over 15 years. Grants and dollars are consistently used for low income. Which is good, but I am finding that our middle class or young families are getting squeezed out. They make just enough to not qualify for Head Start, Scholarships or the School programs. They are willing to pay for childcare and preschool but there are few slots for them to take their children, so they are choosing to stay home instead of go into the workforce. Quality, accredited centers are not available in Reno County for those wanting the option to pay more for the next level of care. We are losing young promising professionals to Maize & Goddard who are choosing to drive to Hutchinson for jobs because of the childcare and housing situation in Hutchinson. Our current centers are greatly underfunded. They have wonderful staffs and are doing the best they can with what they have. They also have waitlists and are having a difficult time finding and keeping staff.

Gaps Addressed within Child Care

- As a provider we really need to address the ages as in 4-year-old need to be school age as we have all day preschool and we need to have more kids available in group daycares for 2 people. If you can have 10 for one adult you should be able to have more than 12 for 2. Home daycares are not treated as equals when considering daycare solutions and funding like centers.
- So incredibly difficult to fill open positions. We are striving to get in the black. We could if we gave up 9 infant spots. We will not, this is a critical need.

Miscellaneous

- I am a school social worker and do some private practice....answered the best I could
- I'm a teacher. I know it is very important. Important start to a child's life.
- I am just a teacher at a private school. I could not answer all of these questions as a teacher.
- Central Christian School has provided childcare for 42 years for during school, after school and summer programs. It has won "Best of Hutchinson" several times. The director, Sharon Kauffman, and teachers are the best. We must direct funds to help support this long-standing childcare program in the Reno County community.* Explanation of volunteer hours by CCS: all high school students are required to donate 25 hours every school year. Plus add all the volunteering of faculty, staff and parents in the community and churches.

General Public

A total of 5 cases were removed resulting in a sample of 156 for the general public. The typical respondent had some college but no degree and were White/Caucasian (96.7%), non-Hispanic (93.6%), female (81.82%), and 43-47 years of age. In terms of employment, most (80.9%) were working as paid employees. Median household size was three, mode was 2, and median household income was \$150,000. Below are additional demographic details and quantitative results.

Quantitative Survey Results

Living in Reno County: $n = 182$ (96.3%) Number of townships represented:

8 Townships with multiple respondents

Township	Frequency
Arlington	3
Buhler	8
Haven	3
Hutchinson	160
Nickerson	4
Partridge	1
Pretty Prairie	4
South Hutchinson	3
Sherman	3

Importance of issues for families with young children:

Issue	Very Unimportant	Somewhat Unimportant	Neither	Somewhat Important	Very Important
Cost/affordability of care	0	0	1	14	141
Finding temporary care	0	5	16	64	68
Finding care for sick child(ren)	2	5	13	56	78
Finding care for children with special needs	1	3	13	39	99
Location of care	0	1	15	62	78
Transportation to/from care	1	2	24	69	59
Dependability of care	0	0	2	11	143
Quality of care	0	0	1	4	150
Scheduling care to match work schedule	0	0	2	24	129
Travel time to/from care facility	0	2	17	85	50
Finding care for child(ren) with allergy	4	3	28	62	56
Facility accepting DCF child care subsidies	3	5	24	46	76
Other	0	0	24	6	20

Extent of agreement with statements about childcare

Statement	Strongly Disagree	Somewhat Disagree	Neither	Somewhat Agree	Strongly Agree
In general, families in our community have access to an adequate supply of childcare services	78	42	19	15	2
Access to quality, affordable childcare is an economic development issue	8	16	16	38	77
Federal and/or state government should make childcare services more affordable than they are at the present	9	10	26	35	73
County government has a role to play in access to quality, affordable childcare	4	13	29	41	67
Churches have a role to play in access to quality, affordable childcare	7	18	57	42	30

Qualitative Survey Results

The following responses were provided for the prompt, “Is there anything regarding childcare in your community that you wished we had asked, or you would like to tell us?”:

Availability of childcare (days/times/facility availability)

) We are limited in our area for those that are in need of having childcare and so many of the facilities have had issues with abuse and neglect and unfortunately there is not much done about it other than hands slapped which is unacceptable. Additionally, it seems like most of the places that I know of where family/friends have worked at in the area are low staffed and have issues of taking on too much with the children with behavioral issues and that is a huge issue in itself. Those children need to be able to have adequate staff that are trained to deal with those special needs and the staff need to be larger to accommodate those needs so that the staff also doesn't suffer with not being able to do what they need to do for all children when the behavioral ones need more attention. This county just has very little great places for childcare, and we need help!

) While I currently don't have a need for childcare, in the past it was impossible to find care for my three children had I not had family members who could care for them. There are waiting lists at all of the facilities. Care costs too much - we make just enough money that we don't qualify for any assistance, but we make barely enough to cover the cost of childcare so at this point we either work to pay for childcare and childcare only or stay home with the children without employment. I would like to see more childcare options available and also more affordable care.

) Schools need to provide after school programs through 6th grade to at least 6pm to help alleviate childcare shortages during when school is in session. Also, daycares should NOT be closed when schools are out for snow days, holidays, etc. Workplaces do NOT shut down for these events and neither should daycares.

) There are very few that will take those under 6 months of age. Due to the restrictions of how many are able to be looked after per Child care provider. I did not use daycare for my children due to that I have family member who were willing to watch them along with their children, or grandparents were willing to watch them.

) I was a surgical RN before my baby was born. Could not find daycare for an infant (the caregiver has to count an infant as 2 children when accepting infant up to 18 months) and also no one took children for the 6:00 AM time I need to leave for my job 50 minutes from my home. I ended up not going back to work for lack of good quality childcare with hours I needed. Everyone in Hutchinson I've talked to is having the same issue as I have had. Something needs to be done to help our families who both must work or even single parents.

) As a teacher, I recognize that the current education system cannot continue if we are expected to be daycare providers. School is not a daycare, but parents sometimes believe that we are. They drop children off 30 minutes before the doors of the school are open. Parents call the school and say they are running late and show up an hour later to pick up the child. We need something in place, so school staff do not have to stay after hours waiting for a child to be picked up from school. We need something in place to alleviate this situation. I very much am interested in having a facility that provides a place for working parents to drop sick children (short term illnesses) to be cared for rather than sending sick children to school. Children who are sick and sent to school do not perform well and expose staff and other students to whatever illness they suffer from. We are already short staffed and having teachers, support staff, custodians, food service workers, bus drivers, etc. miss work due to being exposed to an illness or being diagnosed with something brought in by students puts a strain on the system.

) Hutchinson needs a childcare center that is not linked to a church or one that is larger than 10 to 15 children.

) The need and difficulty of infant care. For daycares, it isn't cost effective because of state regulations, which are necessary, but I think both sides need to address the issue.

) Onsite childcare would decrease many barriers to employment and would promote staff retention. State should work to reduce licensing barriers as well including time it takes to receive a childcare license.

) Living in a small rural community it's hard to find childcare. Driving 30-45 minutes to drop off/pick up child from daycare is not ideal (or sometimes possible) at all. The only way to solve this problem is to find willing local people who can provide quality childcare in the community. I don't know how to make it more appealing for people to want to help/become providers but also don't know that the government needs to be more involved. There are already a few ridiculous rules and stipulations for daycare providers

(having been a provider previously).

) Lack of choices in childcare

) I'm concerned that the red tape that individual childcare providers must go through to be licensed is a deterrent to have high quality providers. When I was a parent seeking childcare for my infants and toddlers, the most important thing for me was that my children could stay together in one home. I called 14 different childcare providers before I found one that could even consider taking both an infant and toddler. Infant care is the most difficult care to find in Reno County.

) There is an overall shortage of childcare. Most often it's not so much a lack of facilities but a lack of employees. Childcare is a huge expense and in my experience those on government assistance get high priority when spots do become available, as I believe they should. Which makes it hard for those of us who do not qualify for assistance to then have childcare let alone affordable childcare. Childcare is not just an issue for at-risk families as most working parents are required to work 9-5 but here in the area schools start at 8 and end at 3. It would be nice to see a combined local effort through schools, businesses, churches, and retirement communities creating childcare opportunities. I do see an opportunity for state and federal funding through grants, but it'll take local communities to actually generate the physical resources. Currently in USD 309 Nickerson/South Hutch we don't have an after-school program through the schools. There are two churches that do offer an after-school program but they are both limited by spots, and cannot increase these spots as the costs are kept low for at-risk families, which doesn't allow enough funding for the additional staff necessary.

) No direct questions or ideas on extended family help and role if grandparents in family care! Need for before and after care and reliable summer care. Transportation issues for access to and from childcare. Where is childcare when schools cancel due to weather and parents need placement for children. Effective childcare is not 8 to 5 it is 24/7 365 days a year. That is what impacts economic development.

) Lack of childcare in the area is a serious problem. I believe that there is also a shortage of employees willing to work in such a setting. I think that the solutions have to be both collaborative and grass roots in nature, but also need to be propped up by local incentives, de-regulation or relaxed regulation of zoning, etc. There are many barriers, especially financial barriers that prevent people from starting daycares.

Affordability for childcare

) We are in need of more affordable childcare options.

) The cost and availability for infants and toddlers is a major concern. Most young parents cannot afford to pay nearly \$700 a month for an infant if they can even find a place that is clean and safe.

) It is entirely unaffordable for a decent place

Cost and availability of childcare vs. Working parents

) I wish there was a way for a family to take care of their own children and still pay bills. Option 1 should be in-home care, option 2 in-family care. After that, option 3 should be quality affordable care. One parent should be able to stay home and care for their children if they want. Could we have vouchers that parents can keep or pay another relative to cover childcare? Why do we never ask about or talk about making in-family care an option? It just seems silly to overlook that. If a woman could take time off while her children are young, knowing they will be ok financially, and that her job/career will not be in jeopardy, then maybe we won't have such a problem with filling daycares with infants. We should give families early support for the first two or three years so that they can care for their own children. I realize that there are families that would rather have childcare, and I am not talking about them. You clearly are already taking care of them. Thank you for doing this work, I'm just frustrated and tired. We all are in my area. No one seems to listen and we're just going to keep being creative and resilient and solve this, hopefully alongside our children.

) I was a care giver to our grandchild for what was to be her first nine months. Ended up being a year and 1/2 as the choices and cost of care was not conducive to a working mom with 2 children. In home daycares not good situations with safety and number of people in home not authorized yet access to

- children. Some safety issues not being addressed. Ex: putting a child in a hoppy seat on top of a table.
-) As a parent it was very difficult searching for childcare so I could work. I still think it is difficult now. As my children are grown, my daughter finds it hard to find QUALITY childcare for work. As well as affordable. Most parents cannot afford childcare. Especially of a child is sick and the parent has to work or they get fired. Hutchinson would do well to relax some of those standards and be more understanding in this area.
 -) I filled this out for my neighbors and coworkers. Two had to become stay at home moms and the other is struggling to find care for her 1 yr old. Daycare workers here get shut down for various reasons, below quality. They are too expensive, as well. New working mothers don't know what to do. Their pay is so much less because of the cost of insurance for a child/family as well, which is paid along with the cost of formula and diapers.
 -) I think we spend too much time and resources on this topic, when we should like at from a different perspective and make it affordable for one parent to stay home with their kids rather than "being able to afford" childcare. Figure out how to make it so parents can stay home and take care of their own kids. Trusting childcare is a growing problem that is going to continue to be a problem...how does a parent trust the childcare facility. Big problem already that is going to get worse.
 -) How access to childcare impacts employers?-significantly. If potential employees can't find childcare, they can't work.
 -) When my children were in childcare, I paid the same weekly amount per child when I made a small salary as I did when my salary rose to an executive level. I complained about the expense the same year over year even though I could obviously afford it with the higher salary. Busing from a preschool program in 308 to a childcare in 313 is impossible because the bus has to cross district lines. In this town, you take childcare wherever you can find it, not based on district lines and picking your kid up in the middle of the day to transport them from one program to another is very difficult for working parents.
 -) My divorced son has to depend on me (his mom, age 65) as back-up care for his 4-year-old son when daycare is closed for any reason... and sometimes there are conflicts (if I or my husband - for whom I am full-time caregiver - have doctor appointments, or other things going on). My son has had some stressful moments of NO other options available last minute, etc. so several times I've had to cancel my own things to help him out, which in turn puts me in a bind (like appointments "once again" being rescheduled months out because I can't get us in sooner, etc.).
 -) Look at models more flexible than typical 9-5, 40-hour week. Stay at home parents may be able to work part-time or odd-hours jobs and would welcome the opportunity, if they had childcare, and/or the jobs were available.
 -) I'd like to see more work environments that offer a baby at work program for new mothers. More opportunities to work from home.
 -) I feel like in Reno County there are just not enough daycares let alone affordable daycares. There are a lot of moms at my job that end up leaving work to stay at home because it's just not financially something they can afford. The childcare takes their entire checks, so they don't end up with much. The state also requires some of the most ridiculous requirements for daycares to follow which I feel makes people opening a daycare so much harder. When I say ridiculous I mean like the amount of light on while children take naptime. That is insane as most parents don't even follow those rules.
 -) It is hard to find and retain employees right now. Employees with children and grandchildren tend to miss work due to childcare issues. I believe affordable accessible childcare available locally may help these issues.

Economic and governmental concerns/opinions

-) Affordable childcare is essential to economic growth. If there is not affordable and convenient childcare then people cannot afford to work in Hutchinson and will choose another community. The problem is not isolated to care during the day but also after school care/programs until the workday is over are essential. To make our community more attractive, we spend money on things like a beautiful downtown, hike/bike

trails etc. Those are important pieces of the puzzle but without the affordable childcare piece, the puzzle will never be complete.

-) I believe the Federal government has made the process of running a childcare facility so cumbersome and overwhelming, even those who have a passion for the role are throwing in the towel. We need to fix and streamline the red tape.
-) I think the government needs to check on childcare facilities for health/safety reasons. I think they should have to have this, and ALL have a license to operate. BUT I do not think they should be funded by our government. I do agree with giving a help to those who really NEED it to actually work; BUT I think they need to show proof they were working the hours the children were there. I also don't think the childcare centers should be able to charge for hours that your child is NOT there like some of them do now.
-) I would like to elaborate on the concept that the government should "make services more affordable." I strongly disagree with the idea of the government subsidizing childcare costs. However, I do think that there are probably government policies and regulations that are driving up the operating cost for childcare centers and in-home providers. If these regulations could be re-assessed to relieve some of the burden of starting and operating a childcare, that would go a long way towards addressing our current shortage of providers. Many in-home providers simply do not want to deal with the level of regulations currently being imposed and are opting to close. . . worsening the shortage and causing everyone to turn to our government agencies to provide a solution.
-) State childcare funding isn't the answer. It only allows childcare providers to increase their rates and people find themselves in the same problem. I've lived in states where the state helps, and the costs go up when the state gives funding.
-) Overregulated to the point of making the provider unable to move forward. Stupid laws cripple the care providers.
-) I feel private businesses should be more involved in helping with childcare costs, as this is an economic development issue. We can't always depend on the government to help.

Miscellaneous

-) Affordable day care for senior adults (parents). Maybe they don't need to stay in a home, but just have supervision, or at least someone checking in on them in case of emergency needs and to provide reassurance to their working children, that they are being taken care.
-) Working with a retirement community- has independent and assisted living facilities and with church would be beneficial for all involved. Maybe an adopt a grandparent program to help parents have support if needed and a mentor. Children and older folks would get hugs, be read to and attention that they seek and need to have a quality life. I babysit my 2 1/2 yr. old grandson 2 days a week and those are the best days of my week.
-) Interesting concept on the churches - makes sense that they use some of their tax shelter benefits to benefit their local community via childcare, instead of sending as much funds off to other countries.
-) I tried to do this and childcare licensing would not permit it. Had to have a locking steel door between and then what's the point?
-) I'm not as concerned with where childcare is provided as I am concerned about the quality and reliability.

Current Data and Projections for the Future of Reno County's Communities

Trends and Projections for Population

Over the last six-years, Reno County's population has continually decreased. Reno County's population estimated April 1, 2020, was 61,898 and as of July 1, 2021, the population was 61,414, leaving a population percent change of -0.8% (U.S. Census Bureau, n.d.). Since 2014, Reno County's population has decreased by -3.6% (USA Facts, 2022). Among age groups, the 65 and older aged individuals in Reno County was the fastest growing age population between 2014 and 2021 with an 8.6% increase whereas, the age group 50 to 64 declined the most decreasing by 10.8% between 2014 and 2021. (USA Facts, 2022). Children between the ages of 0 to 4 years old decreased in population size dropping from 5.9% in 2014 to 5.2% in 2021 (USA Facts, 2022). On the contrary, the population of 65 and older residing in Reno County increased from 18% in 2014 to 20.3% in 2021 (USA Facts, 2022). Persons under five years of age make up 5.2% of Reno County's population whereas persons 65 and older make up 20.3% of the county's population (U.S. Census Bureau, n.d.). Birth rates in Reno County have decreased over time.

Between years 2017-2018, Reno County residents had 10.5 births/1,000 population whereas in years 2018-2019, a slight reduction of 10.2 births/1,000 population was recorded (Kansas Health Matters, 2021g). According to Hill (2020), from years 2020-2050, Reno County's population is projected to decrease a significant 3.21%, in which the population of individuals aged 65 and older will increase by 45.8% from 2015 to 2045. While the reduction in the projected numbers of young children might appear less dire than the current situation, losing the population aged 65+ also removes child care capacity, as ECE professionals 65+ were 25% of the current study's sample.

Also projected, a total of 3,071 children under age 5 and a total of 17,020 individuals aged 65 and older is projected to make up the total population of 59,721 in the year 2045 (Hill, 2020). These projections may be made due to birth rates continually decreasing as mortality rates also decrease, suggesting higher rates of longevity among aging adults residing in Reno County. Lastly, a decline in population for Reno County could be projected by the number of residents planning to move elsewhere in future years. The 2022 Reno County Community Health Assessment surveyed a sample of Reno County and through methodology, results were made that can be accounted for the entire Reno County population. From the survey, 44% of respondents indicated that they plan to move in the next few years and of that 44%, 37.9% stated the move would be out of Reno County (Reno County Health Department, 2022). If a high percentage of the population decides to relocate outside of Reno County, a decrease in population has greater chance along with projected decline due to mortality and birth rates.

White, non-Hispanic or Latino individuals have been the majority racial group of Reno County for many years. In 2021, White, non-Hispanic or Latino persons made up 83.2% of the county's population (U.S. Census Bureau, n.d.). Along with White, non-Hispanic persons, in 2021, Native Hawaiian and Other Pacific Islander, non-Hispanic persons made up 0.1% of Reno County's population, American Indian/Alaska Native, non-Hispanic and Asian, non-Hispanic racial groups each made up 0.6% of the county's population, Black, non-Hispanic individuals accounted for 3.1% of Reno's population, Multiracial, non-Hispanic individuals accounted for 2.3% of the county's population, and Hispanic/Latino individuals accounted for 10.1% of Reno's population (U.S. Census Bureau, n.d.). The Hispanic/Latino population had the most significant growth increase between the years 2014-2021, increasing from 5,708 individuals in 2014 to 6,226 in 2021 (USA Facts, 2022). Children, ages 18 and younger, in the racial minority groups of Hispanic/Latino, Biracial, Asian, Native Hawaiian and Other Pacific Islanders have each increased slightly in percentage over the past few years (Kids Count Data Center, 2022). With the increase of the Hispanic/Latino population along with an increase in multiple minority groups

regarding children 18 years-of age and younger, racial diversity is slowly increasing within Reno County. Due to an increase of racial minority groups in the child population, with the factor that Reno County's population is made up of mostly older adults, projections indicate that racial and ethnic diversity will continue.

Economic Well-Being Trends and Projections

The median household income for Reno County residents indicates trends of slight increase over time. According to the U.S. Census Bureau (n.d.), in 2010, the median household income for Reno County was \$41,717, and rose to approximately \$51,520 between 2016-2020. According to The Reno County Health Department (2022), the median household income for Reno County residents in 2021 was approximately \$50,675 which is below the median household income for the entire state of Kansas which is \$61,084. As median household income is lower compared to the entire state of Kansas, poverty rates within Reno County are seemingly high. Poverty rates between years 2009-2019 pertaining to children 18 years of age and younger have fluctuated between increasing and decreasing year to year. In 2009, the poverty rate in Reno County was 19.80%, in 2010 the rate was 20.80%, in 2011 poverty decreased to 18.50% but rose again in 2012 to 19.30% and kept rising to 21.06% in 2014 but decreased throughout 2015-2019 with the poverty rate being 16.90% in 2019 (Kids Count Data Center, 2022). The Reno County Health Department (2022) reported in Reno County 14.5% of White children are living in poverty, 15.8% of Hispanic children are living in poverty, and 32.9% of Black children are living at poverty level. Poverty within Reno County is experienced at higher rates among minority populations compared to the majority population, White, non-Hispanic. In 2019, a total percentage of 5.2% of children under the age of 18 were living in families considered at deep poverty level, meaning the family was living below 50% of the United States poverty threshold (Kids Count Data Center, 2022). As minority race populations are increasing, it can be projected that poverty experienced between these groups will continue rise and increase the overall poverty rate in Reno County. Inflation and prices for food, gas, utilities, etc. continues to rise and therefore, it may be projected that poverty will keep rising within Reno County as median household salaries only slight increase over time. Between July 2021 and July 2022, inflation increased 8.5% and the median household income, adjusted for 2021 dollars, in 2020 was \$71,186 for the United States (Unrath & Semega, 2022). The United States average median income puts Reno County well below average median income. As inflation continues to rise and Reno County continues falling below national and state median income levels, poverty rates should continually rise over time.

Data indicate that Reno County residents using public assistance programs, specifically Temporary Assistance for Families (TAF), Supplemental Nutrition Assistance Program (SNAP), and Women, Infants and Children (WIC), have significantly decreased over time. In years 2005-2009, 2.3% of Reno County households were receiving general assistance and TANF in comparison to 1.8% of households receiving general assistance and TANF between 2016-2020 (Kansas Health Matters, 2022e). Households receiving SNAP has significantly decreased from 49.3% in 2012-2015 to 39.1% in 2016-2020 (Kansas Health Matters, 2022d). Over time, SNAP certified stores within Reno County have decreased. WIC participation has decreased from 18.6 per 1,000 population in 2016 to 17.1 per 1,000 population in the year 2020 (Kansas Health Matters, 2021b). Although WIC participation has decreased over time, Reno County's participation is higher than the entirety of Kansas (Kansas Health Matters, 2021b). Among children, 18 years of age and younger, food insecurity rates have slightly decreased over time, with 20.0% of children experiencing food insecurity in 2017 (Kids Count Data Center, 2022). In 2017, persons aged 18 and younger made up 22.6% of the county's overall population, meaning most children were enduring food insecurity. Reno County's percentage of children who experienced lack of food in 2017 was higher than the Kansas average of 18.30% (Kids Count Data Center, 2020). Since 2017, food insecurity among children of Reno County has decreased to 16.9%, but the average meal cost from

2017 to 2020 had increased by about \$0.40 and can be projected that meal prices have risen even more since 2020 as inflation rates and food prices have risen significantly within the past two years (Feeding America, 2022). Of the overall population in Reno, 12.6% of all individuals experienced food insecurity at one point in 2019 (Kansas Health Matters, 2021c). The percentage of children participating in free and reduced-price lunch program in Reno County for year 2017 was 55.32%, higher than the Kansas average which was 47.16% (Kids Count Data Center, 2020). Within Reno, children from minority groups receiving free and reduced lunch are significantly higher, in terms of percentage rates, than White, non-Hispanic children, with African American children having the highest percentage of all racial groups (Kids Count Data Center, 2022). With the rates of inflation increasing, median household income barely increasing and mainly staying stagnant, and an already high poverty rate in Reno County, it can be projected that in future years, rates of public assistance usage will increase.

According to the U.S. Census, between 2016-2020 there were 24,970 households in Reno County in which 2.39 persons were residing per household, and 69.9% were owner-occupied. Overall, as of July 1, 2021, there were 28,296 housing units in Reno County (U.S. Census Bureau, n.d.). Between 2016-2020, the median gross rent for Reno County residents was \$742 (U.S. Census Bureau, n.d.). Around 20.1% of the county's population pays rent, spending more than 50% of their income on gross rent (Reno County Health Department, 2022). In 2018, Reno County had 865 HUD subsidized housing units with an 86.0% occupancy rate, 144 public housing subsidized housing units with a 94.0% occupancy rate, and 394 Section 8 subsidized housing units with a 95.0% occupancy rate (County Office, 2018). Further, Reno County block groups with higher minority proportions are more likely to have a higher proportion of renter households (Reno County Health Department, 2022). As stated above, minorities in Reno County have higher rates of living in poverty, likewise, minorities have a higher rate of renting homes, thus, they prove most likely lose half or more of their income on rent payments. According to the 2022 Reno County Community Health Assessment, 4.5% of their sample, representative of the entire Reno population, lived in three or more addresses within the past 12 months of taking the survey, projecting unstable housing arrangements for some of the Reno community (Reno County Health Department, 2022). Moreover, some housing units may be unsafe for residents to be living in, unknowingly to the residents. Persons residing in homes built prior to 1978 are at great risk for lead poisoning, specifically, children residing in these homes are at considerable risk for lead poisoning as they are likely to touch the paint, which contains the lead, put their hands in their mouths or put their entire mouths on the paint, making them highly susceptible to lead poisoning as their brains are still developing at a rapid pace (Reno County Health Department, 2022). Families living with low-income or at poverty level are the higher percentage of those residing in potential lead poisoned houses. These families have no money to move houses, and little resources to guide them in housing clean-up leaving them to live in these unhealthy conditions.

In 2020, 21,957 Reno County residents, age 16 and older, were employed (U.S. Census Bureau, n.d.). Between March 2022 and August 2022, unemployment rates in Reno County have increased from 754 residents unemployed in March to 939 unemployed in August (Institute for Policy & Social Research, 2022). In 2021, 9.7% of Reno County households had at least one family member who temporarily or permanently lost their job and 13.2% of households had a member actively or casually seeking new employment opportunity (Reno County Health Department, 2022). This led to 8.3% of Reno County households indicating always or most often being concerned about having adequate money to pay for household utilities while 22.2% noted being worried sometimes (Reno County Health Department, 2022). The U.S. Census Bureau (n.d.) reported a -2.2% employment decrease between 2019 and 2020, which could have been due to COVID-19 pandemic.

Trends and Projections for Health Factors

A healthy life starts at the birth of a child and reflects the quality of birth givers. Paternal care, or adequate access to prenatal care and resources, in Reno County, KS has slightly decreased over

time, according to Kids Count Data Center (2022). In 2016, prenatal care for Reno County residents was approximately 82.55% whereas in 2020, prenatal care dropped to 77.94% (Kids Count Data Center, 2022). Specifically, Hispanic/Latino and African Americans had the lowest percentage of prenatal care in 2019 (Kids Count Data Center, 2022). Despite a decrease in adequate access to prenatal care, infant mortality rates have significantly decreased from 8.14 in 2014 to 3.17 in 2019 (Kids Count Data Center, 2022). Low birthweight has fluctuated over time, however, low birth-weight babies in Reno County decreased from 8.41% in 2019 to 7.06% in 2020 (Kids Count Data Center, 2022). A decrease in infant mortality rates could be due to the factor that less babies are being born yearly in Reno County. Prenatal care decrease could be due to the same factor as a decrease in mother's are needing care due to lower birth rates.

The County Health Rankings and Roadmaps project from the Robert Wood Johnson Foundation assessed and ranked the health of Reno County against all counties in Kansas. In 2022, Reno County ranked 76th in health factors and 61st in health outcomes, out of 104 counties (The Robert Wood Johnson Foundation program, 2022). Health factors pertain to health behaviors, clinical care, social, economic and physical environmental factors that have the greatest impact on shaping health outcomes for residents. According to The Robert Wood Johnson Foundation program (2022), the factors that had the greatest negative impact on Reno County Residents included:

Unemployment rate of 5.5%

Adult obesity of 40%

Adult smoking of 19%

Low birthweight of 7.2%

Poor physical health days rate of 4 (average number of physically unhealthy days reported in past 30 days)

Poor mental health days rate of 5 (average number of mentally unhealthy days reported in past 30 days)

Compared to the Kansas average, adult obesity and adult smoking were higher for Reno County, unemployment was 0.4% lower for Reno County, and low birthweight, poor physical health days and poor mental health days were equal for Reno County and the average of Kansas (The Robert Wood Johnson Foundation program, 2022). The following factors had a positive impact on the health of Reno County in 2022, according to The Robert Wood Johnson Foundation program (2022):

Preventable hospital days rate of 2686 (rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)

Excessive drinking rate of 17%

Premature death rate of 7941 (years of potential life lost before age 75 per 100,000 population)

Poor or fair health rate of 18%

Compared to the Kansas average, preventable hospital stays, and excessive drinking was lower for Reno County whereas premature death numbers and poor or fair health percentage was higher for Reno County than all of Kansas (The Robert Wood Johnson Foundation program, 2022).

In 2022, 40% of Reno County residents were considered obese, which rose from 39.4% in 2019, and 34.5% in year 2017 (Reno County Health Department, 2022). With 40% of Reno County adults being considered obese, this ranked Reno County 36 out of 104 counties in all of Kansas (The Robert Wood Johnson Foundation program, 2022). Obesity rates may correlate with the high food insecurity rates experienced among Reno County residents. As median household income remains low, food prices increase, lack of access to health care and routine checkups increase, and high poverty rates increasing in Reno, affordable nutritious food may be out of reach for many residents. Unhealthy food is the most affordable in all grocery stores or convenience stores, meaning that Reno County residents may have to settle for such food, increasing the obesity rates. If median household income remains stagnant or decreases while food prices and/or lack to access health care increases obesity rates may be predicted to continual rising over time in Reno

County.

In 2020, 5.25% of Reno County children aged 19 and under, had no health insurance coverage (Kids Count Data Center, 2022). The percentage of county adult residents without health insurance increased from 15.8% in 2018 to 18.0% in 2019 (Kansas Health Matters, 2022a). Enrollment in Children's Health Insurance Program (CHIP) has increased over time within Reno County. In 2016, 965 children, aged 19 and younger, were utilizing CHIP and has increased to 1,105 participants in 2021 (Kids Count Data Center, 2022). For residents who do not have health insurance coverage, the biggest barrier in receiving sufficient health care is the cost per visit without insurance. A lack of transportation was a barrier residents indicated to receiving health care in the 2022 Reno County Community Health Assessment. Telehealth is an online health service that allows practitioners to reach populations where barriers exist in accessing healthcare, such as lack of transportation. If Telehealth is implemented and available to Reno County residents, a decrease in lack of access to healthcare may be projected and an increase in health-related illness overall may be achieved. Moreover, as stated before, a decrease in paternal care has accumulated over time, in which an increase in Reno County residents without health insurance could be projected as the cause for this decrease.

Mental health is prevalent in both adults and children residing in Reno County. In children 18 years of age and under, a rate of 1.8 per 1,000 children in Reno were discharged from a hospital pertaining to a mental health diagnosis (Kids Count Data Center, 2022). For all residents, children and adult, 93.2 persons per 10,000 population count were admitted to a hospital for mental health between 2018-2020, which in comparison to the average of Kansas (70.6) is significantly higher (Kansas Health Matters, 2022f). Minority households, households with median income lower than \$50,000, households in poorer neighborhoods and victims of violence report higher rates of mental health struggles (Reno County Health Department, 2022). High rates of mental health experiences in Reno County may be due to barriers of stigma around mental illness, lack of knowledge of where and how to receive help or resources for mental health, and bullying experiences of school aged children. As noted within health insurance and lack of access to health care for Reno County residents, implementing Telehealth for Reno County residents may project a decrease in mental health rates. Many residents stated that an unawareness to resources for mental health illness was a barrier in receiving help. Telehealth could connect practitioners and residents in easier access for residents to receive mental health care. Moreover, 90.1% of all Reno County households have access to internet use which is the main source to receive Telehealth services allowing for most of the population needing services for mental health care to be able to receive such care.

In 2021, nearly 50% of Reno County residents, above the age of 75, live with at least one type of disability (Reno County Health Department, 2022). Nearly 26.1% of persons living with a disability in Reno County were also living at poverty level between 2016-2020 (Kansas Health Matters, 2022h). As Reno County's population is majority aging and declining in health, it may be projected that adults living with a disability will likely increase over the next few years.

Another barrier to health care in Reno County is noticeable between minorities and health care providers. According to the 2022 Reno County Health Assessment, minority groups reported high rates of not feeling heard and welcomed by their health care provider. More specifically, low-income minority groups were more likely to report this finding rather than higher-income minority groups (Reno County Health Department, 2022). Again, implementing Telehealth to Reno County residents, especially low-income minority groups, could reduce the lack of access to health care and health care resources and project overall increase in better health for Reno County residents.

Trends and Projections for Education

According to the U.S. Census 2020 data, 89.9% of Reno County population, aged 25 years and older, graduated from high school or higher education and 20% obtained a bachelor's or higher degree. Specifically, to levels of education of persons 25 years and older in Reno County, 10.1% had no degree, 29.2% had high school level education, 40.7% had some college experience, 13.4% had a bachelor's degree, and 6.6% had post-grad degrees (U.S. Census Bureau, 2020). High school graduation rates for Reno County have remained steady over time, however, rates have never reached over 89%. The high-school graduation rate for Reno County in 2016 was 86.78%, 87.29% in 2017, 86.68% in 2018, 87.63% in 2019, and 88.47% in 2020 (Kids Count Data Center, 2022). High school graduation rates are significantly lower for Hispanic, African American, American Indian/Alaskan Native, and Biracial minority groups (Kids Count Data Center, 2022). Reading proficiency for Reno County has significantly declined over time. Reading proficiency is referred to as the percentage of 3rd thru 8th graders who met basic grade level standard or above in the English Language Arts assessment (Kids Count Data Center, 2022). In 2015, 80.85% of 3rd-8th met basic standard or above reading proficiency, 77.80% in 2016, 72.47% in 2017, 69.88% in 2018, and 69.04% in 2019 (Kids Count Data Center, 2022). Most of Reno County's population obtains only a high school diploma or GED (Reno County Health Department, 2022).

Trends and Projections for Child Care

The number of Early Head Start slots available per 100 children from birth through 3 years of age living in families with incomes below the U.S. poverty threshold has increased over time. In 2016, 18.5 slots were available, 19.5 available slots in 2017, 20.4 slots available in 2018 and 23.1 slots available in 2019 (Kids Counts Data Center, 2022). However, Early Head Start slots decreased from 23.1 to 21.7 slots available between 2019 and 2020 (Kids Count Data Center, 2022). Head Start availability fluctuated over time. In 2016, 84.1 slots were available, 88.8 available in 2017, 91.5 available in 2018, 101.8 available in 2019, and 95.6 available in 2020 (Kids Count Data Center, 2022). From 2018 to 2021, the percentage of public elementary schools that offered pre-kindergarten or 4-year-old At-Risk programs five days a week have decreased in Reno County. In 2018, 57.89% of public elementary schools offered pre-kindergarten services, 47.06% in 2019, and 50.00% offered pre-kindergarten services in 2020 and 2021 (Kids Count Data Center, 2022). In 2020 and 2021, 100.00% of public elementary schools offered full-day kindergarten five days a week (Kids Count Data Center, 2022).

In Reno County, based on a 5-year estimate developed in 2022, there are a total of 3,877 residents under six years of age with 2,722 of those residents having all parents in the family in the work force (Child Care Aware of Kansas, 2022). According to Child Care Aware of Kansas (2022), no childcare centers or licensed family/group care home provide care overnight, or on the weekends. A total of four licensed family/group childcare homes provided care during the evening hours (Child Care Aware of Kansas, 2022). If both parents must work overnight shifts or on the weekends, it may become difficult to find care for their child/children. Moreover, if parents/caregivers are having to pay for childcare during weekly hours and then provide pay for a family member or babysitter on weekends or for overnight hours, totals can add up, leaving families in predicaments on financial strain. As of 2021, the enrollment for childcare subsidies was 206 (Kids Count Data Center, 2022). The reason childcare subsidies have decreased over time is due to budget cuts rather than the number of residents in actual need (Kids Count Data Center, 2022). In Reno, depending on the age of the child, family childcare rates for full-time are approximately \$121.11-\$140.41 per week. Childcare center weekly rates, depending on age of child, are approximately \$138.33-\$165.00 per child (Child Care Aware of Kansas, 2022). For low-income families, childcare may be impossible to afford without childcare subsidies or access

to affordable childcare. According to the U.S. Census Bureau (n.d.), 10.6% of Reno's overall population was living at poverty level and according to Kids Count Data Center (2022), 16.90% of children, aged 18 and under, were living with families who income was below 100% of the U.S. poverty threshold. With these statistics in mind and the inflation rates and costs of almost everything rising in 2022, it will be difficult for families to afford childcare in Reno County.

In 2022, Reno County has a grand total of 76 childcare facilities which included 13 childcare centers, 55 licensed family/group childcare homes, 1 preschool, 1 USD 308 Head Start and 6 school age programs (ChildCare Aware of Kansas, 2022). ChildCare Aware (2022) estimated 1,803 potential childcare slots needed. Between Child Care Centers and Licensed Family/Group Child Care Homes, the grand total capacity for number of children facility is licensed to care for equates to 1,091 children. This leaves 712 children unable to find spots within a childcare center or a licensed family/group care home. There is currently one preschool as of 2022 that is over capacity by 20 children, no Head Start programs available, and limited school age programs (Child Care Aware of Kansas, 2022). The need for adequate childcare centers to fulfill the number of children needing to be enrolled must be addressed. Preschool centers and Head Start programs apart from USD 308 are of highest demand. If more preschool centers are allocated within Reno, this could open numerous spots to allow for the 712 children who need childcare to enter.

Conclusions and Recommendations

Conclusions

Reno County faces significant challenges for maximizing access to quality, affordable child care. The communities in Reno vary widely by population density, income, education, and existing early care and education capacity. The report highlights three major threats to meeting the early care and education needs for Reno County families as follows: *Pay Inequities for Early Care Providers*, *Cost of Quality Care*, and *Honoring Child Care as a Service to the Community*, and *Reaching Underserved Families*.

Pay Inequities for Early Care Providers

Licensed early care and education providers earn lower wages without benefits, when compared with unskilled workers (e.g., food service, retail) with lower levels of professional development. Job opportunities at local employers regularly offer \$15 per hour plus benefits (~\$31, 200 per year), yet respondents to our survey working at child care centers (N=76) indicate a median income of \$20k-30k per year. Licensed family providers face the cumulative disadvantage of earning slightly more than employees (\$30k-\$40k), but without benefits and with much longer hours (50+ on average), resulting in an hourly wage below the poverty line. Family care providers serve more than half of all children in Reno County in licensed early care and education (535 in centers, 556 in licensed family care). Those employed as part of a child care center enjoy benefits and work 40 hours or less, but still earn the same as other entry level jobs without the specialized training necessary to earn licensure. Note that more than a third of these respondents (36%) of these employees earned master's degrees.

Changing Demographics Require Intentional and Mindful Responses

Recall that Reno County's population distribution specifies those age 65+ as the fastest growing cohort. Worse still, those aged 50-64 represented the cohort with the most decline (-10.8%) meaning that Reno County will see a significant portion of the workforce retire without a workforce available to replace them. This trend affects all businesses, including ECE providers, as many of them will retire in the next five years. Thus, to maintain the economic status quo, to say nothing of actual growth, recruiting and retaining workforce talent takes center stage as absolutely paramount for the future of the County. Investing in ECE provides young, dual-earner households with the ability to move into a community and contribute to the economy. With the aging workforce, available housing concerns should dissipate, yet without access to quality, affordable ECE, no amount of affordable housing will allow for a workforce able to keep Reno County afloat.

Cost of Quality Care

The cost of quality care in Reno County likewise outpaces the ability for those in the median income (\$48,588) to pay for early child care and education. At an average rate of \$85 per week in a family care setting for a toddler (18-35 months old), the cost per year results in \$4,420 for a single child. This costs nine percent of the total gross median family income, outside the range of 7% currently recommended by the Administration for Children and Families. Center-based care costs more, \$125 per week on average, thus \$6,500 for 13% of family income for *one child*. Families wanting to have more than one child in care would face a doubling of these costs, and if available at all, infant care costs an additional \$800 per year in center-based care and \$468 in a family care setting.

Honoring Child Care as a Service to the Community

Survey results and focus group findings revealed significant public perception issues on the early care and education field. The issue earning the most salience from these data reflect the lack of understanding of the significant costs they incur, and unpaid time focused on providing care (e.g., cleaning, planning, shopping, cooking, preparing) beyond operating hours. Providers recognize that they provide a community service by allowing families to earn money with peace of mind that their children

receive the quality care and education necessary to thrive. Respondents across all groups (childcare providers, those with care, those seeking care, the general public) noted the benefits to the community provided by access to quality, affordable child care. From a data-driven view, the difference in the median income of those seeking care (\$30- \$35k) versus those with care (\$100-\$105k) provides hard data indicating that the benefit of having care adds, on average, \$60,000 in household income.

Reaching Underserved Families

As a reminder, Hispanic/Latino individuals accounted for 10.1% of Reno's population in 2020. Further, the Hispanic/Latino population had the most significant growth increase between the years 2014-2021, increasing from 5,708 individuals in 2014 to 6,226 in 2021. However, the response rate to our survey and focus group opportunities did not elicit the amount of data necessary to include in this report. However, this provides an even more important element of the conclusions and recommendations than any small amount of data could provide. Specifically, the lack of connections to and work with Hispanic-serving organizations made this work more difficult. To be fair, staffing issues in the ARCHER lab made roll out of the survey and focus groups for Spanish speakers delayed and not as visible. While the notion that all 6,000+ residents of Hispanic / Latino descent speak only Spanish seems unlikely, reality demands that we acknowledge that a subset of these residents' voices went unheard.

Recommendations

Provide Public Presentations and Community Conversations to Advance ECE in Reno County.

Supporting public knowledge allows collaborators from different perspectives to both understand the gravity of the situation, and how it affects their communities. Holding periodic and facilitated community meetings allows for trust and reciprocity among municipal decisionmakers, families, businesses, and schools. Further, with the incentives and different facilities and funding models above, public presentations could recruit new talent to the ECE field in the County.

Reno County's Child Care Landscape Requires Investment in the Short and Long-Term.

This needs assessment and market study's results reflect significant opportunities to build child, family, and economic development. With only 34% of Reno County's desired capacity meeting demand, and an estimated 1,800 additional slots currently needed, one cannot overstate dire nature of Reno County's child care system's needs. The lack of living wage pay for child care providers contributes to the lack of available care, as many participants in focus groups and respondents to the survey indicated serious questions about why one would enter the profession. Moreover, the gap of \$60,000 in incomes between those seeking care and those with care highlights the importance of child care to household income and thus the local economy. Because of the multiple systems requiring attention, we provide the following recommendations for investment in early care and education for Reno County:

Provide Funding to Existing Child Care Providers to Sustain and Incentivize Their Work in the Community. This effort provides benefits across two major and several additional domains. First, retaining those contemplating leaving the early care and education (ECE) field, and second, providing the necessary recognition of the service these professionals provide. Existing care providers provide the most immediate short-term opportunities to make progress. This funding should be used to remove costly barriers to ongoing licensure (e.g., fingerprinting, license fees, CPR fees, background check fees) and wage stipends to help employees and in-home providers make a living wage with benefits. Importantly, existing care providers also provide the most long-term opportunities to make progress in capacity-building.

Recognize the Benefit that Licensed Home Providers Bring to all Communities, Especially in Rural Areas. The reality of the importance of licensed home providers should prove self-evident when reviewing this report. First, almost half of all children receiving care in Reno County do so in a licensed family / group home setting. These early care and education professionals typically receive little attention from community-wide and even county-wide efforts. Due to multiple factors (e.g., autonomy, isolation, perceptions from the public about quality of care), existing early care and education professionals providing care in their homes face stigmas relating to their serving as “babysitters” when their peers, especially those in school systems running universal pre-K programs, receive more favorable recognition as teachers. We highly recommend working with these providers to maximize their recognition and effectiveness. Specific recommendations are below:

- Work with the [South Central Kansas Economic Development District](#) to provide support for forming child care co-operatives in consultation with the [Kansas Cooperative Council](#). This effort requires technical assistance and support for licensed in-home providers, as our results indicate that 62.5% of these business owners work more than 50 hours a week, leaving precious little time to invest in long-term planning and collaborative efforts.
- Include these providers at all levels of support for overcoming the significant fiscal barriers to entry and sustainability (e.g., licensing fees, background checks, CPR

certification). Reno County has lost at least 17 licensed home providers since 2020, leaving a significant gap in availability of quality care and education.

- When deciding to build or expand existing care capacity in center-based settings, staffing presents a real and difficult challenge. We recommend starting searches for directors and faculty employees with these experienced, licensed care providers. Providers could reasonably refuse, however, recognizing their expertise and including them in building capacity builds trust, reciprocity, and shared responsibility.

Incentivize, Support, And Pilot Test Innovative Approaches to Solving Child Care Needs.

Supporting the adoption or adaptation of promising community models for ECE requires money and patience. However, several communities across Kansas provide working models of public-private partnerships to advance ECE quality and capacity across diverse communities. Technical assistance in navigating the landscape of complex agreements, tax implications, and fiscal requirements should represent paramount importance for these models to work and thrive. New facilities and child care professionals might emerge from this process, however, leveraging existing ECE talent provides the greatest chances for success, as these professionals have experience to assist in decision-making. We provide specific recommendations below:

Community demand and collaboration. Data from our respondents with care and seeking care indicate during school breaks / professional development days, and over-the-weekend care all demand attention. Multiple models for meeting community demand, in conjunction with already available community resources responding to the need (e.g., hospital foundations, community foundations, chambers of commerce) exist. Ensuring that community organizations work together to address the needs of all members of Reno County's communities will prove the only successful way forward.

Protect the Integrity and Good-Faith Efforts of These Arrangements Through Communication and Honesty among All Involved.

- A key recommendation here is to leverage expertise in contracts, memoranda of understanding, and incorporation processes and requirements. Provide dedicated, formal, and expert support for ongoing community development.
- The challenges of working to expand early care and education capacity require dedicated personnel with expertise in community development and vitality. A common thread runs through communities in which progress toward added capacity, guided by these needs assessments, resulted in positive outcomes. That thread, starts and ends with a paid position whose role entails providing technical assistance, building networks, convening coalitions, and supporting community collaboration.
- This position should be housed in a neutral organization (i.e., one with minimal bias against different sources (i.e., public, private, philanthropy) for funding. Further, removing any actual or perceived linkages to regulatory bodies of the state (e.g., Kansas Department of Health and Environment (and by extension the local health department), Kansas Department of Children and Families, Reno County / Hutchinson Chamber of Commerce, Child Care Aware of Kansas (CCAKS) or Kansas Child Care Training Opportunities (KCCTO)). Despite years of working in the field, both KCCTO and CCAKS still experience providers showing concern for possible punitive repercussions by working with them. Identifying potential trusted and local organizations might prove challenging, but leadership should explore potential partners to house this position.

Support Hispanic Families, the Fastest Growing Segment of the Population.

The Hispanic population needs intentional outreach and engagement by community leadership to ensure that their needs receive the attention they deserve. While responses to this study did not provide enough useful data, applying what we know about other communities in Kansas points toward an even more disadvantaged workforce without quality ECE options. Building trust and inclusion within these communities takes time and intentionality. Should you decide to follow the recommendation for a full-time position as proposed above, a searching for a qualified Spanish-speaking native of Reno County could bolster the relationship between the Hispanic population and the existing dominant culture.

Reassess Existing Use of Public Funding in the Childcare Sector.

- Reno County's use of current and potential public funding fails to optimize opportunities for reaching children, especially those in low-income families. In conducting this assessment, it seems the opportunity for Head Start to reach more children should garner attention. While school districts administer Head Start grants, a more equitable arrangement, aimed at reaching as many children as possible, uses a community action program. Expanding Head Start within Reno County beyond USD 308 requires immediate attention.
- Unfortunately, universal pre-K located on school campuses contributes to the decline in available ECE due to the return-on-investment structure. Providers make money to support the infants and toddlers in their programs as the teacher to child ratio provides a chance to earn money. Ignoring the ability for Preschool Pilot Funds to support private community partners (i.e., licensed care providers) requires immediate attention for two key reasons:
 - Removing the primary means by which private care providers recoup their losses from providing infant care (a key demand indicated by this study) means that these businesses will continue to close.
 - When school systems provide universal pre-K, they do so for only nine months out of the year. Further, locating programs within the school system creates additional needs for care during the summer and other natural breaks, before and after school M-F, during professional development and parent-teacher conference days, and inclement weather days.

Thus, when school districts fail to partner with existing private enterprise to support ECE, an unfortunate but entirely predictable scenario results. Private ECE businesses close their doors due to fiscal insolvency driven by the schools siphoning off their main source of income (i.e., preschoolers). A reduction in capacity for infant and toddler care immediately follows, as those businesses were the *only ones* providing this service to the community, and school districts neither have capacity nor funding to do so. The cascade continues when summer comes and the families whose children used to attend all day, all year ECE at their provider's facility now find nowhere to receive care for their preschooler in addition to having lost infant and toddler care already gone due to private facilities closing.

Leverage Extramural Funds Beyond the American Rescue Plan Act (ARPA) Funding Currently Available.

Additionally consider leveraging ARPA funds to provide match dollars to maximize investment opportunities. For example, the Kansas Department of Commerce Non-Profit Child Care and Education Facilities Grant (Applications are accepted until February 1, 2023) allows for capital improvements or new construction, a welcome divergence from the typical, historical funding opportunities for early care and education capacity-building. This opportunity requires a 25% match for these funds, yet Hutchinson's maximum eligibility equals \$750,000.

Make Plans to Replace Short-Term Funding Support with Long-Term Sustainability.

The current influx of funding supporting ECE systems work provides a chance for generational change in outcomes for children and families in Reno County. However, this level of funding will sunset soon, and ensuring that businesses and community members, with and without children, recognize the benefits of quality ECE for their community will likely decide the future of ECE in Reno County. Businesses and schools both benefit greatly from ECE in their communities and shifting funding needs to those directly receiving advantages from sustainable ECE need to plan to support employees and their families in the longer term. Reno County possesses the tools and leadership necessary to make significant progress in the future of ECE benefitting families, children, and economies.

Ensure Access Equity When Drawing on Community Resources in Support of Added Capacity.

The demand for early care and education in Reno County spans the entirety of the income spectrum and across all employment sectors. Plans to leverage extant community dollars (e.g., ARPA, Community Foundation funds), or additional funding raised from the community should likewise target care for those in the community. For example, businesses focused on providing care almost exclusively for their employees should either use internal funding or extramural funding originating outside of the community. In comparison, community-based / non-exclusive care should look to community fundraising efforts to equitably benefit children and families in the community. While the community benefits indirectly from business-provided care, the benefits of added care capacity regardless of business affiliation prove more direct and equitably distributed.

Leverage Novel Tax Advantages for Employers and Groups of Employers.

Recent changes in the Child Care Tax Credit for Corporations allow corporations of all sizes to receive tax credits for providing funding for care, providing on-site care, supporting off-site care (e.g., centers, childcare homes) and even helping families find care. For every dollar that businesses spend on facilities or for families in need of care, businesses remove a 7.8% payroll tax burden. Even more importantly, 50% of an investment in the first year will be returned in a tax credit, with 30% returned in subsequent years. Note that the intricacies of this law have not been released by the Kansas Department of Revenue, but forthcoming details aim to provide businesses with access to these funds.

Ensure Pay and Compensation Equity Across All Kinds of Settings for Care.

A major concern when adding capacity, particularly involving new facilities built by and for businesses, centers on draining the pipeline of available talent. Community leaders should commit to ensuring that pay equity exists when staffing needs emerge. With a shortage of available ECE talent, building a brand-new facility, paying higher wages with benefits certainly bolsters the newly hired employees, but leaves their previous employers without available talent and increases the wage gaps among providers. Reno County leaders should commit to ensuring that all licensed ECE providers make no less than 10% than the top earners in similar positions (e.g., lead teacher in current facility should earn at least 90% of the compensation at the brand new facility's lead teacher rate of pay).

A final note about KDHE:

Regulations. Almost universally, respondents to the survey and those who participated in focus groups pointed toward KDHE's following and enforcing regulations as the main barrier to entry in business,

fiscal solvency, and ECE capacity in Reno County. This shocking feature stands as an outlier from every other community with which the ARCHER lab has worked to assess needs. KDHE regulations exist to reduce the likelihood of children coming to harm and to protect both providers and families. Teacher-to-child ratios prevent providers from trying to care for too many children before the inevitable point of abuse or neglect. Note that all businesses face regulations, yet many operate within these regulations without issue. Indeed, in Reno County both ECE centers and in-home providers continue to operate after more than 20 years, even with regulations growing more stringent in the same period. Residents of Reno County may choose to advocate for looser restrictions through their state legislators, but the likelihood that changing KDHE regulations in a time and manner allowing for both children and ECE providers to benefit seems slim, to say the least. The ARCHER lab views labeling current KDHE regulations as the main barrier to progress as missing the reality of the actual barriers, especially here in Reno County. In our view, the lack of adequate collaboration among public / private entities, failing to recognize the service to the community ECE providers perform without adequate community support, and the significant pipeline and wage gaps due to the current state of affairs, all supersede KDHE regulations in importance. The reality persists that for the ECE sector to exist under regulations allowing for true income opportunities, those regulations portend a plethora of health and safety issues resulting from simple individual attention and cognitive capacity during caregiving. In short, increasing capacity by reducing KDHE requirements stands to produce more serious and severe consequences than many seem ready to admit. Reno County possesses so many opportunities to meet the needs of its citizens *within and under current regulations*.

Enforcement. Enforcement of KDHE regulations received an inordinate amount of attention during the focus groups especially. We have no reason to doubt the veracity of the difficulties almost every single participant we reached reported facing over the last few years driven by KDHE's aggressive and punitive approach to regulation enforcement. Again, we fully support regulations and their enforcement, yet the heavy-handedness with which it occurs requires a collective effort involving collaboration of *all stakeholders* in Reno County. Enforcement of regulations should serve to facilitate improvement and encourage developmental progress toward compliance. *All* providers reported a zero-tolerance policy of enforcement by KDHE with several having experienced penalties simply because "nobody's perfect". Again, we all desire safe and healthy environments in which children receive early care and education, yet such a gatekeeping approach, with individuals maximizing their authority to punish providers for minor infractions, leads to resentment and pushes providers out of business. Taking a facilitative approach, working with providers to improve, working with the entire community to support those in need of improvement, and connecting them to existing resources (e.g., Child Care Aware's Child Care Health Consultant Network) to support them maximizes the chance that KDHE's seemingly zealous enforcement will not result in more providers leaving the field.

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