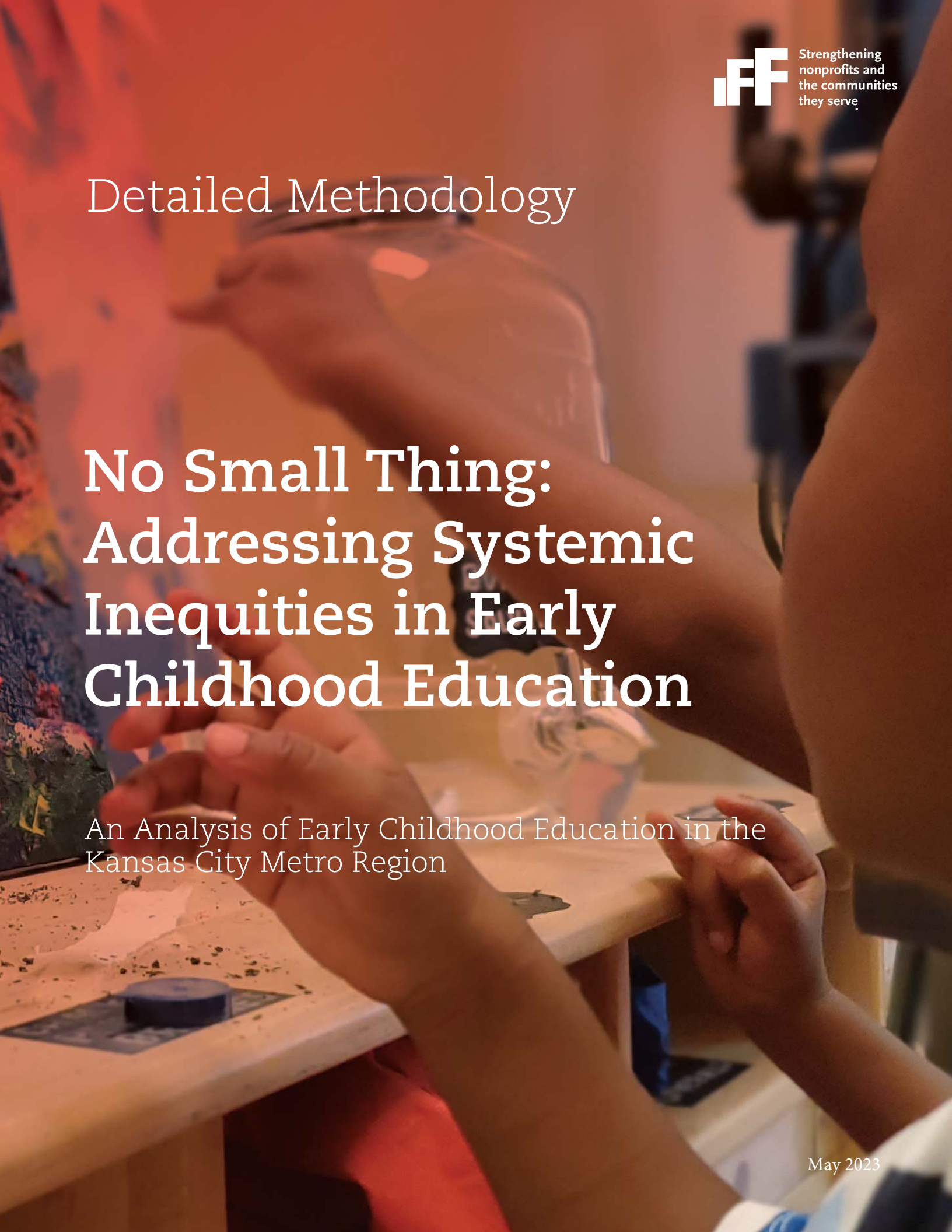


IFF
Strengthening nonprofits and the communities they serve

Detailed Methodology

No Small Thing: Addressing Systemic Inequities in Early Childhood Education

An Analysis of Early Childhood Education in the Kansas City Metro Region

May 2023

Content

Study Area Geographic Extent

Working together with local partners, IFF conducted a study of early childhood education (ECE) in the Greater Kansas City area, covering five counties across two states; Wyandotte and Johnson Counties, in Kansas state and Platte, Clay, and Jackson Counties, in Missouri state. The analysis is done for each state separately because each has a different ECE system.

Data Collection and Preparation

Birth to 5-Year-Old Demand

To estimate the need for (demand) birth to 5-year-old child care options, IFF takes the philosophy that all children benefit from ECE programming and that the system should be designed in a way to support every child in the community having access to a child care slot.

IFF uses data obtained from Esri which estimates the number of infants and toddlers (birth through 2 years old), preschool age children (three to five years old), and 4-year-olds. This data is used as the estimated number of children in the community that need access to a slot (demand).

For PreK eligibility, we first determine the percent that are eligible by dividing the population under 6 by the total population from the American Community Survey, then multiplying that number by the K4 demand.

We have state-specific proportions of children eligible for Pre-Kindergarten (Pre-KG) or Kindergarten (KG) based on admission cut-off dates. For instance, if the proportion for a state is 75-25, then the demand for Pre-KG is calculated as the sum of 75% of 4-year-olds and 25% of 5-year-olds and the demand for KG is calculated as 75% of 5-year-olds. We calculate the demand for children eligible for state subsidy in different age categories by multiplying the population in that age category with the proportion of children under 6 whose household income is below the federal poverty level specified by the current state subsidy rule.

For Head Start and Early Head Start demand, those that fall below 100% of the federal poverty level are eligible for this program. To calculate the Head Start (3 to 5) and Early Head Start (0 to 2) we multiply the number of children by the percentage eligible for the programs.

Those that fall below 185 percent of the federal poverty level are eligible for state subsidy programs. To calculate the demand for subsidy, we multiply the number of children ages 0-5 by the percentage eligible for subsidy.

Birth to 5-Year-Old Capacity

In this study, only licensed providers, along with their licensed capacity are considered. Please note that IFF's data on the access to and need for child care is not an exact number for any one specific provider's availability of slots, but an approximation of the community's level of access and equity overall.

Child care services are available to children up to age 13. Child care for school-aged children can be available to children aged 6 and over before or after school and in the summer months. Programs that serve only school-aged children are eliminated from the dataset. If a provider serves ages anywhere between 0 and 5, and also ages above 5, IFF includes all of the providers licensed capacity in it's 0 to 5 supply capacity.

For IFF's ECE work, we are interested in child care services for children between ages 0 to 5, and specifically for infants and toddlers, preschool children ages 3 to 5, and 4-year-old PreK. ECE services are available to infants and toddlers (children ages 0 thourgh 2) and pre-school-aged children (children ages 3 to 5)

Data for early childhood education and care providers' capacity comes from the Kansas Department of Children and Families (DCF) and Child Care Aware of Missouri (CCAMO). CCAMO combines licensing data from DHSS and other relevant data they collect on childcare facilities. IFF is grateful to both Kansas DCF and CCAMO for their support and guidance in data collection.

Estimating Infant/Toddler and Preschool-Aged Capacity

For the 0-2 and 3-5 age capacity estimates, IFF used data from The Family Conservancy Studies (Final Summary Report, Phase One, and Phase Two). The Greater Kansas City Early Care and Education Landscape Study surveyed ECE providers to get a better understanding of the existing landscape of providers. The survey included questions about the age of children served by program type. IFF used the percentages of children served by age from these reports as multipliers for children ages 0-2 and 3-5. The percentage of children 0-12 months, 13-24 months, and 25-36 months makes up the 0-2 multiplier and the percentage of children 37 months to preschool is used as the 3-5 multiplier. The multipliers are broken out by program type. For the schools facility multiplier, IFF estimates that children 37 months or older are being served, so 100% of preschool capacity is estimated for the 3- to 5-year-old estimates. The 0-2 and 3-5 multipliers were applied by facility type to the overall licensed capacity.

	0 – 2 years old (0-36 months)				3 – 5 years old (37+ months)
Provider Type and State	0 – 12 months	13 – 24 months	25 – 36 months	Multiplier 0 – 2 years old	Multiplier 3 – 5years old
Kansas Centers	5	12	19	35%	65%
Kansas Homes	24	31	23	78%	22%
Missouri Centers	12	14	23	49%	51%
Missouri Homes	16	23	27	66%	34%
Schools	0	0	0	0%	100%

Estimating Subsidized Care Capacity

Kansas State Subsidy Capacity

IFF received a list of providers and the number of children enrolled receiving subsidies for child care from the Department of Children and Families (DCF). IFF was challenged with finding a unique identifier for providers across files provided by the Department of Children and Families, The Family Conservancy, and the Department of Health and Environment. IFF matched files to the best ability and estimated the subsidized care capacity by age group (0-2 and 3-5) based on Urban Institute's Increasing Access to Quality Child Care for Four Priority Populations study in 2018. The study found that just over one quarter of subsidized care was going to children under the age of 3. IFF uses this finding to infer that, of the subsidized care for providers that accept DCF subsidy, 25% can be estimated for infants and toddlers under the age of 2, and 75% can be estimated for the 3- to 5-year-old population. County-level data suggests that only about 12% of subsidy-eligible children receive state assistance for child care across Wyandotte and Johnson.

Missouri State Subsidy Capacity

IFF received a list of providers and the number of children enrolled receiving subsidy from the Department of Social Services (DSS) for February 2020 (the pre-COVID file). The DSS file did not have a unique provider ID to link to other provider data files from Child care Aware of Missouri, but the program name, address, and type was used to match records to the best of IFF's ability. The DSS file provided a count of children under 2 years of age, between 2 and 5, and 5 and up. These counts can be used to determine the estimated subsidy slots for the 0-2 and 3-5 population.

Since the Department of Elementary and Secondary Education and the Office of Childhood, provider-level data for subsidy enrollment is no longer available directly from DSS. With policy regarding potential identifying information at the child level, the Office of Childhood was only able to provide counts at an aggregate level by city, county, and provider type (family home, group home, center, etc.). To estimate the subsidy slots by age group for the September 2021 (COVID) file, multipliers by provider type were applied based on the data provided at an aggregate level through the Office of Childhood.

Community Maps

K means clustering analysis process was performed. The idea of this analysis is to group census tracts together based on a set of characteristics. The K means clustering collects all the census tracts that have similar values for these variables and puts them into a group. This process is repeated until several groups are formed and the census tracts within each group are similar to one another but, critically, different from the tracts in other groups. In other words, the analysis groups tracts by their shared characteristics.

Below are the census variables used in K means clustering:

Variable	Schema Name	Calculation/Notes
Median household income relative to the Kansas City area median	B19013_001E	Median household income as percent of metro area median household income ($64,801) B19013_001E /$64,801
Percent of children ages 0 to 5 with all parents working	B23008_004E	Children Under ages 5 with all parents working divided by the total number of children ages 0 to 5 B23008_004E /B23008_002E
Percent of households with limited English	Language Limited = C16002_001E+ C16002_004E+ C16002_007E+ C16002_010E	Number of households with limited English proficiency divided by total households Language Limited/ B11001_001E

Providers' characteristics and access indicators variables used in K means clustering analysis are:

- Center to Home program proportions
- State Subsidy Access Indicator
- Preschool Access Indicator
- Infant/Twos (0-2) Access Indicator

Data Analysis

COVID Impact and Provider Closures Analysis

To understand the impact of COVID on ECE providers, IFF compared the provider lists between 2020 and 2021 in order to identify programs that have closed since the start of the pandemic, new programs, and programs that have remained open throughout. IFF matched providers between files based on license number, program address, and name. Providers were broken up into groups – Center-based, Center Head Start, Group Home, Home-based, and School. We then looked at the percentage of change pre and during COVID, subtracting the total of each provider type pre-covid from the post-COVID total and dividing it again by the pre-COVID total.

Access Indicators Overview

Access Indicators are calculated at the US Census Tract (Tract) and consider both demand for and supply of ECE services for families living in the Tract. The Access Indicators indicate whether families get an appropriate share of supply based on their demand. Of note, the Access Indicators do not indicate whether there is enough total supply of ECE services to sufficiently meet total demand system-wide, but how fairly the existing supply is spatially accessible to families.

An Access Indicator of one or greater indicates that families are receiving their appropriate share of supply based on their demand. An Access Indicator below one indicates that families are not getting their fair share of supply based on their demand.

Accordingly, a higher Access Indicator value indicates that families' demand for ECE services, relative to other communities, are better met. Factors which may lead to a Higher Access Indicator in a given location include:

- Access Side: Distance to greater numbers of quality slots is shorter
- Demand Side: Fewer children have a need for quality slots

Conversely, a lower Access Indicator value indicates that families' demand for ECE services, relative to other communities, are more poorly met. Factors which may lead to a Lower Access Indicator in a given location include:

- Access Side: Distance to greater numbers of quality slots is longer
- Demand Side: More children need quality slots

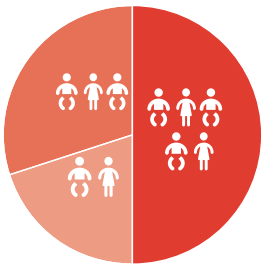
In this study, multiple Access Indicators were created to more fully understand the ECE landscape. Different ECE providers provide different services, and different families require different services.

Access Indicators were calculated for:

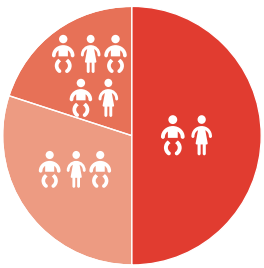
- Head Start
- State subsidy
- PreK
- Infant and toddler care

It is important to note that certain assumptions about how federally subsidized child care and Pre-K operate in the study area compelled us to calculate access and access indicators for federally subsidized 0 to 5 care and Pre-K differently. Regarding subsidized care, children cannot use federal subsidies outside their counties. For access and access indicators of federally subsidized 0 to 5 care to reflect this, we divide the study area by county, and calculate access indicators using only children and providers within the same county.

Regarding Pre-K programs, the assumption is that children cannot attend pre-kindergarten programs outside their school district. We take this into account by dividing the study area by school district and calculating access indicators using only children and providers within the same school district.



Equitable Access



Inequitable Access

Access Indicator Method

Provided below is the methodology to determine the Access Indicator. There are three components – access to supply of ECE services (A), demand for ECE services (D), and the ratio of access to supply and demand for ECE services.

Determining Access (A)

Access (a) to each and every provider for each and every Census Tract is determined utilizing the Gravity Model, which is based on the distance and capacity of a provider to the Census Tract.

Aj is the ECE Access for Census Tract j

$$aj \equiv \sum_{i=1}^{n} \frac{s_i}{r_j^2}$$

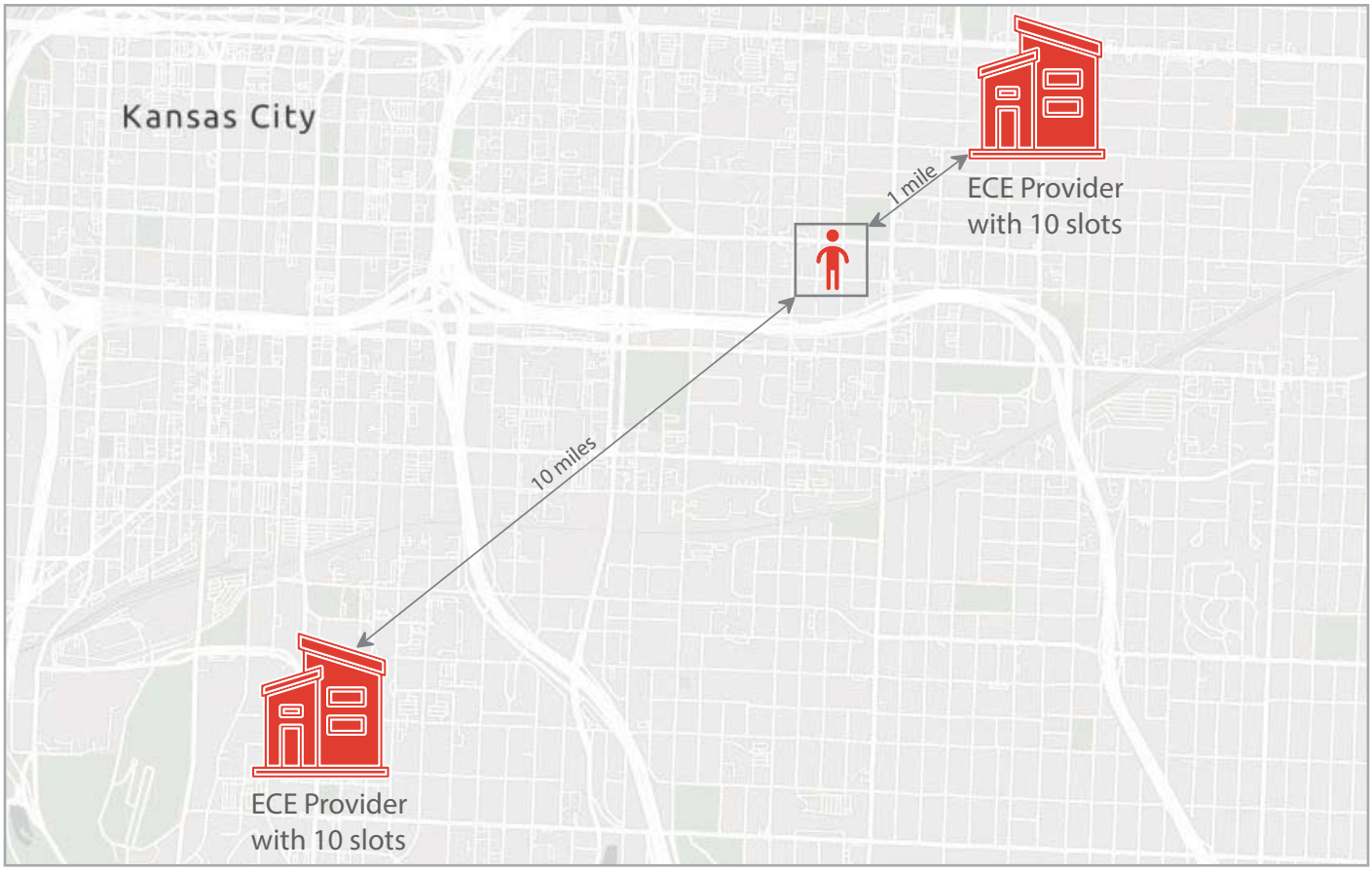
Where

n is the total number of providers

s_i is the provider capacity for the i^{th} provider

r_j is the distance from the center of Census Tract j to the i^{th} Provider location

This graphic illustrates the concept. As an example, a provider one mile away with a capacity of 10 contributes 10, and a provider 10 miles away with a capacity of 10 contributes 0.1 to a Census Tract's Access.



Determining Total Access (TA)

Total Access (TA) is the sum of access for all Tracts within the study area.

$$ta \equiv \sum_{j=1}^{n} a_j$$

Where:
aj is the ECE Access for the j^{th} Census Tract
n is the total number of Census Tracts

Determining Access Share (AS)

Access Share (AS) is the share of the total study area access for ECE services for a given Census Tract.

AS = Access (A) to ECE services in a given Census Tract / Total Access (TA) to ECE services in the whole study area.

AS is the Access Share for a Census Tract j. It is the ratio of the Access of Census Tract j to the Total Access in the study area.
$AS_j = aj/ta$
Where
aj is the ECE Access for the given Census Tract
ta is the total Early Childhood Education Access for the study area

Determining Demand (D)

Demand (D) is the total number of children in a Census Tract requiring ECE services.

Determining Total Demand (TD)

Total Demand (TD) is the total number of children in the study area.

Determining Demand Share (DS)

Demand Share (DS) is the share of the total study area demand for ECE services for a given Census Tract.

DS = D / TD
Or the number of children requiring ECE services in a given Census Tract) / total children requiring ECE services in the whole study area.

Calculating the Access Indicator

Access Indicator is determined for Census Tract j. It is the ratio of the Access Share to the Demand Share.

$\text{Access Indicator}_j = AS_j / DS_j$

Where

AS_j is the Access Share for Census Tract j

DS_j is the Demand Share for Census Tract j

Access Index Overview

The ECE Access Index (Access Index) is a measure of the overall performance of ECE services in meeting the needs of families within a community. The Access Index is calculated at the US Census Tract (Tract) and considers both demand for and supply of ECE services for families living in the Tract.

Various ECE program types (e.g., Head Start, PreK, State Subsidized Care) or programs available to various age groups (such as 0 to 2 or 3 to 5) are examined individually in terms of supply (slots at ECE service providers) and demand (family need). This nuanced approach, rather than a one-size-fits-all approach allows for a deeper understanding of access and need for particular ECE services. Individual Access Indicators are created for these individual ECE services. All of the Access Indicators are then examined as a group to determine the Access Index.

Access Index Method

The Access Index is calculated from the Access Indicators in the following manner. It is expressed as a percentile rank score. The percentile rank scores allow for comparing the overall performance of the ECE system in a given community to the scores of other communities. The four Access Indicators that were utilized to create the Access Index were Head Start, State subsidy, PreK and Infant and toddler care.

Composite Rank

Each Access Indicator is ranked. Then, a composite rank is calculated as the average of all Access Indicator Ranks.

Percentile Rank Score

The percentile rank score is calculated from the composite rank. It indicates the percentage of Tracts at or below a given Tract's score. Values range from 0 to 100%.

The percentile rank indicates how well a community performed in comparison to other communities with regard to access to ECE services. For example, a community with a score at the 35th percentile had better access to ECE services than 35 % of other communities. It also means that it had lower access to ECE services than 65 % of other communities.

Housing and Family Typology Analysis – Community Pages

To better understand the characteristics of communities in the five-county Kansas City region, the IFF Research team performed a k means clustering analysis for each state separately. The goal of this analysis is to group census tracts together based on a set of characteristics. In this case, the characteristics are variables from the US Census such as income or number of children in an area. The process collects all the census tracts that have similar values for these variables and puts them into a group. This process is repeated until several groups are formed and the census tracts within each group are similar to one another but, critically, different from the tracts in other groups. In other words, the analysis creates groups of tracts with similar characteristics.

A community's resilience to changes in the ECE system depends on a wide variety of socio-economic factors. This research explored the connections between family ECE needs and more than a dozen socio-economic variables. Based on this variable assessment process, the researchers chose the following seven variables for inclusion in the k means clustering analysis:

- Median household income relative to the state median ($57,290 for MO and $61,091 for KS)
- Percent of children ages 0 to 5 with all parents working
- Percent of households with limited English (average is 3%)
- Percentile rank of state subsidy access indicator
- Percentile rank of PreK access indicator
- Percentile rank of access indicator for infant and toddler care
- Provider type mix (percent of providers that are center-based)

Qualitative Case Studies

IFF strives to highlight and lift up the lived experiences of families, ECE professionals, and other stakeholders in our studies. The case study approach allowsIFF to dive deeper in individual families' and providers' experiences with the ECE system. IFF made every effort possible to recruit and engage families and providers and was able to conduct four case study interviews with two parents and two providers. Case study participants were provided e-gift card incentives as a thanks for their time, energy, and ongoing support of the study.

Due to challenges of recruitment and engagement during the pandemic, IFF leaned on the lessons learned and stories collected from multiple partners throughout Kansas City. Families and providers shared their stories with Project Eagle, The Family Conservancy, Mid-America Regional Council (MARC), the Center for Law and Social Policy (CLASP), Kids Win Missouri, and Child Care Aware (of Kansas and Missouri).

Due to the lack of participation in the case studies, IFF recognizes the potential bias and lack of representation in this approach. However, IFF feels the case studies and excerpts from prior research in Kansas City provided needed stories and examples of perspectives in the community. IFF acknowledges the lack of representation from non-English speaking families and the use of these stories from prior research reports.
See Appendix 1 for interview protocols.

Provider Facility Survey

In order to gain insight into the facility and general needs of child care providers in Kansas City, IFF used a modified version of the Bipartisan Policy Center Child Care Center Quality Checklist to survey home-, center-, and school-based providers about their facility. IFF partnered with The Family Conservancy to reach providers to complete the survey which took 10–15-minute . A total of 62 providers from greater Kansas City (MO and KS) participated in the survey in spring 2022.
See appendix 2 for survey questions.

General Limitations with Data

Data for this study was compiled from multiple sources and data was not always publicly available from state or federal websites. IFF has had tremendous support from local experts and organizations and owe them a great deal of thanks for their help in obtaining relevant and recent data for the study. Special requests were made to multiple agencies and organizations in order to compile valuable data for analysis.

Delays and Timing in Data Collection

Delays and challenges in receiving recent and relevant data at the geography or level needed led to limitations in the analysis IFF was able to complete. Data requests began early in 2020, when the study started, and continued well into 2021, even as analysis was underway. Data often arrives without documentation or metadata that helps researchers accurately analyze information. This can lead to delays in getting follow-up clarification. IFF is not the first researchers to struggle with data collection and delays for Missouri and Kansas child care studies. For this reason, it is critical for agencies to collaborate for better data collection, storage, and documentation for future studies.

Snapshot in Time

The data provided in this study should be seen as a snapshot in time, meaning that it is a representation of a specific place at a particular time. For this reason, estimates and conclusions made from this data should be focused less on exactitude and more on the context the data provides. This allows for our estimates to focus more on the scale of the work that needs to be done and the direction in which it needs to head in order to make a positive impact.

Missing Data

IFF makes every attempt to obtain necessary and relevant data for our studies. In some cases, indicators were left out of final analysis if relevant and recent data could not be obtained. IFF uses information presented from prior research studies in the area when possible to fill in information and data gaps.

Census Data

The American Community Survey estimates used are based on five-year estimates between 2015 and 2019. This provides IFF the necessary estimates at census tract level, so the five-year span is unavoidable in community analyses.

Multiple Data Sources

IFF compiles data from multiple sources. Every attempt is made to ensure data is accurate and can be matched, however, consistency of data provided from different departments and agencies do not always align completely.

Comparisons and Data Across State Lines

Due to differences in how the two states operate, IFF does not allow for comparisons between Kansas and Missouri communities. IFF makes every attempt to provide a holistic view of the ECE system in Kansas City, but policy and process differences between states mean recommendations and strategies do not always translate across state lines.

Qualitative Data

IFF made multiple attempt to recruit and encourage community participation in case studies. Qualitative work had challenges prior to the COVID-19 pandemic, but the current on-going trauma of a world-health crisis, changes in family and providers ability to give their time and focus, and burnout from other research and evaluation initiatives at the state and local level has led to research fatigue.

For this reason, IFF had increased the dollar amount of research incentives to participants in the case study activities, and reached out to other local experts for their help in gathering family and provider stories to include in the analysis. These stories provide context and shine a light on the real-lived experiences of Kansas City residents.

Appendices

Appendix 1: Interview protocols.

Family Interview Questions

1. Tell me a bit about yourself. How have you been lately?
2. Tell me a bit about your family and your children.
3. What's a typical day for you now? (during the pandemic)
4. Describe to me a typical day in your family before the pandemic.
5. How are you handling child care right now? Are your children going to a provider lately?
    a. Where ?
    b. For how long (full day or part time?)
6. What happened with your child care provider in March 2020? Did your child continue to go to the provider? (Did the provider close and reopen?)
    a. How did you decide to send your child to the provider or not? Did you have concerns, and how have your provider addressed those?
7. How did you select a provider before the pandemic? Or during the pandemic?
    a. What did you look for in a provider?
    b. How did you choose that provider over others? Did anything stick out about the director, teachers, facility, or location?
8. What did/do you like about your child care provider?
9. What was the biggest challenge you faced before COVID-19 as it related to child care? What is your biggest concern today as it relates to child care?
10. How has your community or neighbors been impacted by the pandemic?
11. How have you been affected by the change to virtual learning and closing of the public K-12 schools? Has this change impacted your child care needs or routine?

Provider Interview Questions

1. Tell me about yourself and your child care program(s).
2. How did you get into this line of work? What made you want to be a provider?
3. What are your goals for the children and families you serve?
4. How long do you see yourself working as a child care provider?
5. Are you currently open? If yes, open to all families or just essential workers?
6. Do you plan to change your open/closed status within the next two weeks? What factors are affecting your decision (e.g. stay-at-home orders, changes in available staff, health of you or your staff, mandates from sponsoring organizations)?
7. What challenges are you experiencing in accessing needed supplies to keep your program open?
8. Pre-COVID
9. What services are offered at your program or facility? Do you offer additional services such as providing transportation services?
10. Do you offer care for children in languages other than English?

11. Where do you go when you have questions about state or local guidance on requirements, health and safety procedures, or other aspects of operating your child care business?
12. Describe the challenges or barriers you face in operating your program before the pandemic started. (Workforce, licensing, programming, funding, enrollment, hiring staff, etc)?
13. How did you find support for these challenges before the pandemic? What types of supports were most useful to you?
14. Impact of COVID
15. How has the pandemic impacted your business as a provider?
16. How has your typical day been impacted?
17. How has your program been impacted financially?
18. Have you made any changes to your facility/learning environment?
19. What supports or resources have you been accessing for support? What additional supports would be helpful during this time?
20. How have families you serve been impacted? What support do you see families needing currently?

Stakeholder Check Ins

Informal interviews / meetings between IFF and different organizations that work to support the ECE system to better learn about the challenges they face and see, what information can be shared between us, and their ideas for making this work more valuable.

Affordability

Advisory committee members listed affordability as one of the top issues to the ECE system in Kansas City. We are trying to explore those issues more.
Could you tell me (us) about the issues families and providers face related to affordability?
Who are the main decision makers and players when it comes to making real change to affordability of care for families and providers?

Subsidy process

Would you describe the subsidy process from either the family or providers perspective? (or both!)
Where are there major challenges or barriers?
Where is subsidy falling short?
Who are the main decision makers and players to getting change to happen?

Quality

We know that there are been a struggle getting a QRIS system off the ground for both Kansas and Missouri (putting it lightly...).
What work is being done currently around defining high quality child care? What policies are in place that are moving this work forward or holding it back?

Workforce

We have been hearing more about workforce and teacher pipelines.
What and where are things already working well?
Where are the challenges?
Who is already working in this space that we can tap?

Appendix 2: Survey questions

Questions

Instructions: Please answer each question to the best of your ability and skip any that do not apply to your early childhood care and education program or facility.

1. Are you classified as a non-profit or 501c3? (Select one option)
   - Yes (I am a non-profit)
   - No (I am a for-profit)
   - Other (Please specify) _____
2. In what zip code is your program located?

Note: If you have more than one child care program/facility, select one or you may fill out the survey as many times as you prefer.

3. Do you currently own or lease your building? (Select one option)
   - Own
   - Lease/Rent
   - Other (Please specify) _____
4. What type of building is your program in? (Select one option)
   - House/Apartment
   - Standalone Facility
   - Commercial Storefront
   - School Building
   - Religious or faith-based organization building
   - Other (Please specify) _____
5. Please answer the following about your program classroom(s).
   (a) How many classrooms do you have?
   (b) How many classrooms do you have for infant and toddlers specifically?
   (c) How many classrooms do you have for three to five-year-olds or preschool?
6. Do most (more than half) of the families enrolled here live in the area or outside your neighborhood or zip code? (Select one option)
   - More families enrolled live nearby (in the same neighborhood or zip code)
   - More families enrolled live outside (farther away) the neighborhood or zip code
   - I have an even split of families within and outside this neighborhood
7. What draws families to your program in particular? What are you most proud of lately?
8. How do you market your program to new parents and families? How do families learn about your program offerings?
9. What resources, child care or ECE provider networks, or support organizations do you access already?
10. Have you made any renovations or construction improvements to your facility or space in the past (adding classrooms, changing walls/layout, etc.)? What was that experience like?

11. Do you face any barriers to completing needed repairs or renovations to your center facility? Check all that apply and add in any that were not listed below.

- Funds or affordability of repairs or renovations
- Timeline to complete facility projects
- Could not close or alter hours of operation during construction
- Concerns over noise or safety during construction
- Could not find contractor or someone qualified to do the work
- Permitting
- Landlord issues
- Other (Please specify) _____

12. If you offer specialized care or programs, such as for children with disabilities, how has your classroom or facility impacted your programming or services? For example, offering occupational therapy, an on-site therapist or counselor, or providing trauma informed care – and the impact on decisions around classroom layout, furniture, finishes or fixtures, or office or meeting room space.

Indoor environmental quality questions. The following questions are to help you think through any possible challenges with your space or its impact on your programming. Please answer with yes or no to each of the following prompts. There is space for you to add comments if you choose!

13. Yes/No/N/A 14. Comments

(a) Does your space feel too hot or too cold (difficulty maintaining comfortable ambient temperature)?
(b) Can you open the classroom windows?
(c) Can children see out of the windows?
(d) When the classroom lights are turned off, is there still enough natural light to see?
(e) Do classrooms have designated space for active indoor play and activities?
(f) Classroom areas are accessible for children with disabilities.
(g) Can your classroom sink be accessible by young children?
(h) What sounds can you hear when the classroom is empty (e.g. mechanical, fans, traffic)?
(i) Are classrooms separated by full-height, permanent walls?
(j) Do you have tiled ceilings?
(k) Is your classroom flooring carpet?
(l) Are all children visible from every location in the classroom?
(m) Is there enough storage to keep your classroom(s) free of clutter?
(n) Is there enough storage to keep cleaning or potentially hazardous materials away from children?
(o) Do interior doors have window panels for safe entry into or exit from rooms? (to avoid collisions)
(p) Do you have concerns about mold, lead, or asbestos in your space?

Outdoor environmental quality questions. The following questions are to help you think through any possible challenges with your outdoor space (exterior of building, playground, parking, etc.). Please answer with yes or no to the following prompts. There is space to add comments if you choose!

15. Yes/No/N/A 16. Comments

(a) Are pick-up / drop-off areas clear and with signage?

(b) Is the facility exterior (exterior walls, roof, stairs, and sidewalks) in good condition?

(c) Do outdoor play areas have secure fencing?

(d) Play structures and equipment is in good condition.

(e) The outdoor play area is organized to separate preschool play areas from infant and toddler play areas.

(f) Outdoor play areas use safety surfaces and mats to prevent fall injuries.

(g) Outdoor areas include natural features such as gardens, trees, children-safe plants, bird feeders or houses.

(h) Parking for parents is clear and accessible.

(i) Sidewalks and parking lot are in good condition.

(j) The roof and exterior walls are in good condition.

17. If cost wasn't a concern, what are the top items you would address through construction or renovations of your space or building? Check your top three.

- Renovating or adding a playground/outdoor space
- Windows and natural lighting
- Artificial or ceiling lighting
- Roof repairs or replacement
- Repair or replacement of finishes (doors, trim, molding, flooring, fixtures)
- New cabinets, counters or other organization and storage spaces
- Repair or replacement of plumbing or heating/cooling systems
- Adding technology (computers, smartboards, etc.)
- Changing layout of space
- Other (Please specify) _____

18. What is your future vision for your space and the program you run (such as adding classrooms and outdoor space, gross motor spaces, etc.)?

19. In order to send the $15 Amazon e-gift card, please provide your email below.

20. IFF is hoping to talk to early childhood education and care providers more about their facilities. If you are interested in participating in a follow up conversation with IFF staff about your child care space, please indicate below and provide your contact information. (Select one option)

- No
- Yes

21. Please provide the following
(a) Your Name and Title
(b) Name of your program (Doing Business As/DBA)
(c) Email
(d) Phone

Optional Demographic Questions: The following questions are optional, but IFF and Turn the Page are hoping you will share some demographic information for us to get a better idea of providers in Kansas City.

22. With which gender(s) do you most identify? Please select all that apply and feel free to write in to be more specific or if your identity is not listed here.

- Man
- Women
- Non-Binary
- I prefer not to answer this question
- Identity/Gender not listed here _____

23. With which race/ethnicity group(s) do you identify as the most? Please select all that apply and feel free to write in to be more specific or if your identity is not listed here.

- Alaskan Native, Native American, Indigenous
- Asian or Asian American
- Black or African American
- Latino, Latina, Latinx or Hispanic
- Middle Eastern or Northern African
- Native Hawaiian or Pacific Islander
- White
- I prefer not to answer this question
- Another/Specified Race/Ethnicity (please specify) _____

References and Data Sources

• Kohonen, Teuvo. Self-Organizing Maps. 3rd ed. Springer Series in Information Sciences. Berlin Heidelberg: Springer-Verlag, 2001.
• U.S. Census Bureau 2015–2019 American Community Survey 5-year estimates. https://www.census.gov/data/developers/data-sets/acs-5year.html.
• PCG Human Services. "2018 Child Care Market Rate Survey Report". Missouri Department of Social Services, Children's Division. 30 November 2018.
• The Learning Tree Institute at Greenbush Research and Evaluation Department. "2020 Kansas Child Care Market Analysis Final Report". Kansas Department for Children and Families. 04 March 2021.
• The Family Conservancy study parts I and II and summary
• Kids Win Missouri. "Missouri's Roadmap for Child Care: A vision to create a high-quality, equitable system for all kids". January 2021.
• Missouri Department of Elementary and Secondary Education and UMSL Community Innovation and Action Center. "Preschool development Grant Birth to Five: Missouri Statewide Needs Assessment 2019". Stronger Together Missouri. 2019.
• The Family Conservancy. Kansas provider data. 2020 and 2021.
• Kansas Department for Children and Families. Provider dataset. 2020 and 2021.
• Kansas Department for Children and Families. Subsidy utilization by provider license number. 2021.
• Kansas Department of Education. School enrollment
• Missouri DSS. Subsidy utilization by provider license number. 2021.
• KDHE 2021
• Child Care Aware of Missouri. Provider data. 2021.

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