



Kansas Early Childhood Transition Task Force

Preliminary Results from Community Engagement Tour

June 27 – 30 and August 2, 2023

University of Kansas Center for Public Partnerships and Research

The Hunt Institute

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Background

Executive Order 23-01, which established the Early Childhood Transition Task Force, tasked the group with holding a series of meetings across the state to generate public feedback and responses to Kansas' current early childhood system and the state's role in it. The Executive Order specifically stated that the Task Force was tasked with "Conducting a series of stakeholder engagement opportunities to elicit feedback on the current early childhood governance structure and better understand the needs of parents, families, providers, and businesses." The Order further directed the Task Force to conduct "a review that synthesizes feedback received from families, providers, community leaders, and the business sector" that should include "recommendations on how the state delivery system and governance model can be improved to respond to family and community need" and "how the state can better engage with parents, families, and communities on a regular basis to ensure family-voice is centered in the work of state agencies." This preliminary results summary attempts to do just that.

To achieve the charge of Executive Order 23-01, the Task Force planned a series of nine different community listening sessions across the state. These sessions were geographically dispersed in all regions of the state, including the northwest, southwest, north central, south central, northeast, and southeast regions of the state. These meetings were held during the day, over the course of the last week of June 2023. The Task Force was graciously hosted in each region by community partners engaged in early childhood system.

Each community listening session, opened with a presentation on the operation of the Task Force and a primer on the conversations occurring across the country on early childhood governance. This introductory period of the meeting included a brief overview of the listening session's structure and what participants could expect from the meeting. Participants were then instructed that the majority of the meeting would be spent in small group discussions on a series of three guiding questions described below. Participants spent generally 30 minutes in small group discussions before the

groups were brought back together for a large group “share out.” In each small group, notes were taken to document the conversation. In some cases, Task Force members and staff participated in these conversations as notetakers. In meetings with higher numbers of participants, groups elected a note taker. These small group notes were collected and processed by staff.

During the large group discussion, common threads from the small groups were identified and participants had the opportunity to share their perspectives to all those in attendance. Staff notetakers also took notes for each large group discussion to fully account for all conversations at each meeting. Finally, participants were provided with the opportunity to provide additional feedback to the Task Force through email and in writing. Each participant was given a blank notecard to provide written feedback and a “Hope Meter Card” to rank their feelings toward the system. These cards were collected and processed by staff.

For the virtual engagement session, virtual participants received an identical presentation to open the meeting. The entirety of the meeting was spent in a group discussion. Staff notetakers again recorded the feedback generated from the discussion. Virtual attendees were prompted at the end of the meeting to fill out an online form that served as a proxy for the “Hope Meter Cards” and asked the identical questions of those who attended in person. Individuals who could not participate in the virtual session were also allowed to fill out the online form to submit their own feedback.

In collaboration, the University of Kansas Center for Public Partnerships and Research (KU-CPPR) and the Hunt Institute processed the data and notes generated during these meetings. The information collected through these meetings will be used for the Task Force’s work and to update of the All In for Kansas Kids Needs Assessment, which is funded through the Preschool Development Birth through Five Planning Grant from the US Department of Health and Human Services’ Administration for Children and Families.

Preliminary Results

To better understand the current situation of early childhood efforts in the State of Kansas, the Kansas Early Childhood Transition Task Force (ECTTF) conducted a statewide tour June 27 – 30, 2023. ECTTF hosted listening sessions in nine locations: Chanute, Wichita, Garden City, Hays, Salina, Manhattan, Topeka, Overland Park, and Kansas City (see map in Figure 2). On August 2, the ECTTF also hosted a virtual opportunity to elicit additional feedback from individuals who could not participate in an in-person meeting. The goal of this tour was to incorporate the voices of community members and their experience with the early child care system and to inform the Task Force recommendations and future policymaking.

It should be noted again that discrepancies exist in determining the exact number of Kansans who attended these listening sessions and what communities they represented. Task Force staff relied on the self-reporting of attendance and personal information like name, city/county, email address, and profession/role. In some cases, attendees did not sign in during the event or did not submit their personal information. The opt-in form of self-reporting created discrepancies between sign-in attendance and headcount attendance which was taken at each meeting. Information shared in this report is based upon voluntary responses collected. In all cases, personally identifiable data and information were not used in this document and will not be made public. The comments individuals provided during discussions were not attributed to their speaker. Table 1 shows the number of participants by location.

Table 1: Number of Participants by Location

Location	Number of Participants
Chanute	36
Wichita	68
Garden City	34
Hays	36
Salina	50
Manhattan	61
Topeka	52
Overland Park	65
Kansas City	52
Virtual (including feedback form)	30
Total: 484	

Note. The number of each location is based on the sign-in sheets collected. Some participants may not have left their information behind. The total number may not reflect all who participated. Headcount attendance totaled 530.

Overall, a well-informed audience turned up at each listening session. Although most of them felt hopeful about the future of our Early Childhood Care and Education system, responses during the sessions and additional comments on the note cards report that the current system and structures are inadequate to meet the needs of Kansas children and families. Attendees were generous with suggestions on what is working and what needs to happen.

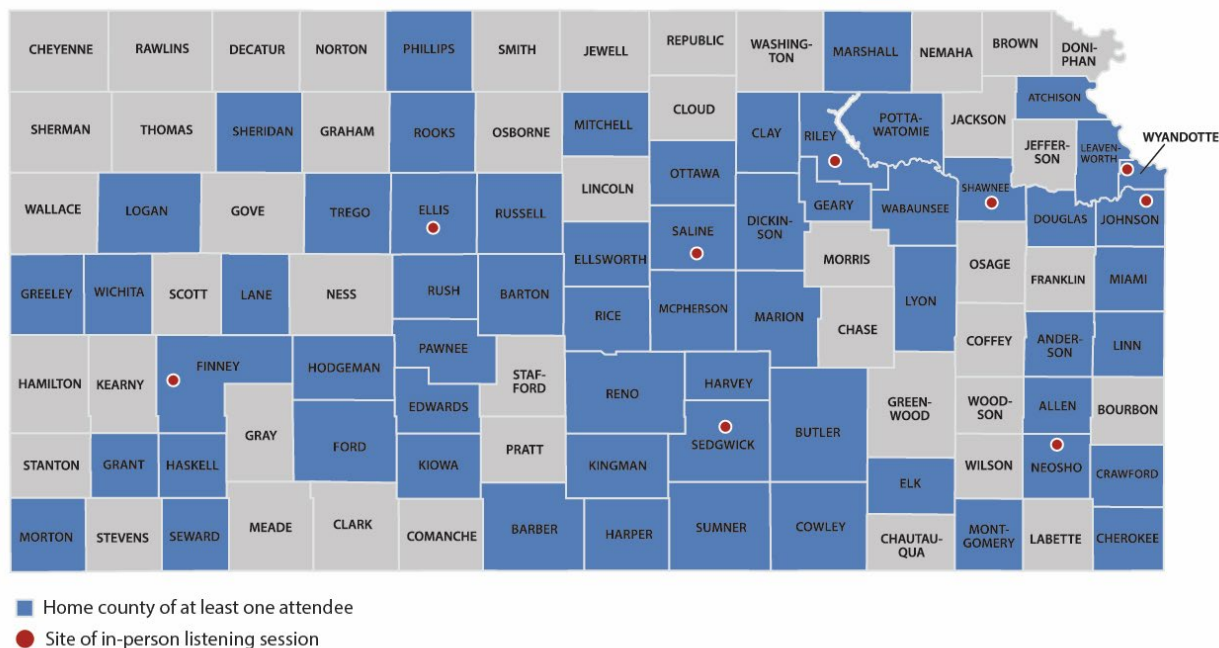
Notes were documented on site. KU-CPPR conducted a thematic analysis on session notes by extracting key themes from the feedback collected in each location and comparing them across all geographic regions.

Attendance Geographic Distribution

As previously mentioned, these listening sessions were well attended and provided an opportunity for around 500 Kansans to provide their feedback and experience navigating the state's early childhood system. During in-person meetings, attendees joined the Task Force in nine different sites across the state. These meetings were held in all geographic meeting types of the state—meaning representation existed from frontier, rural, densely settled rural, semi-urban, and urban communities. The geographic diversity of these meetings was on display, as different communities experienced different types of challenges. In all, there were a series of overarching challenges faced by individuals in every geographic region and type.

Figure 1 show a map of the attendees' home counties. Overall, 60 different counties were represented at one of the listening sessions. When broken down to their specific communities, attendees hailed from nearly 80 different cities or towns in Kansas. Table 2 shows the full list of cities. This data was collected through self-reporting resulting in a more conservative counting of participants' cities and counties.

Figure 1: Home Counties of Attendees Map



List of city/town of residence of meeting attendees:

Abilene
Ellinwood
Iola
McPherson
Sublette
Andover
Elkhart
Jetmore
Merriam
Topeka
Arkansas City
Ellsworth
Junction City
Moran
Tribune
Atchison
Emporia
Kansas City
Mulvane
Ulysses

Baldwin City
Frontenac
Lacrosse
Newton
WaKeeney
Basehor
Garden City
Lawrence
Oakley
Wamego
Beloit
Garnett
Leavenworth
Olathe
Weir
Bennington
Girard
Leawood
Overland Park
Wellington

Belvue
Goddard
Lenexa
Phillipsburg
Whitewater
Benton
Great Bend
Leoti
Pittsburg
Wichita
Chanute
Gypsum
Liberal
Plainville
Clay Center
Hays
Lindsborg
Prairie Village
Coffeyville
Holcomb

Lowe
Randolph
Derby
Howard
Manhattan
Rosehill
Dighton
Hoxie
Marion
Salina
Dodge City
Humboldt
Marysville
Satanta
El Dorado
Hutchinson
McFarland
Shawnee

Listening Session Results

The participants' responses were prompted by questions in three different categories: Needs and Barriers, Bright Spots, and State's Efficiency in Early Child Care and Education.

Question 1: What challenges, gaps, or barriers have you and your community faced while navigating the early childhood system? What are the greatest needs you and your community are facing?

Question 2: What services and programs are currently working on the local level and serve as bright spots for progress in supporting young children and families? What innovation is occurring in your community that could become models for practice in other regions and statewide?

Question 3: How would you evaluate the state's efficiency in providing support to you and your community in the early childhood sector? How has the State of Kansas—and the programs it operates—contributed to your successes and challenges?

- For example, how has the state's operation of child care licensing, home visiting, child care subsidy, or other programs impacted your experience navigating the system?

Analysts divided the key themes extracted from responses collected in each location by areas to "Improve" and "Celebrate". Themes were consistent across the state with consensus around challenges such as inefficiencies, low wages, and workforce recruitment.

To Improve

- Licensing. The current process is slow, cumbersome, and hindered by the Fire Marshal's outdated security code and response rate. New providers often do not know where they are in the process and what they need to do to get approved. In rural areas, in-home providers feel less inclined to go through the application process due to the time and effort it requires.
- Lack of Workforce. Some care facilities that shut down during the Covid-19 pandemic never reopened. Low wages make recruitment and staff retention difficult. Many providers think that there are too few child care training programs available in their areas. The antiquated public perception of early child care professions due to some government officials' indifferent attitude toward the field further lowers potential providers' interest in joining. Many child care providers feel they do not garner the same respect as educators. The inadequate workforce is in a perpetual deficit cycle where one person calling in sick causes a domino effect that sometimes results in having to shut down a classroom.
- Affordability — Child care comes with a high cost of both receiving and providing care. To many respondents, the cost of care still feels high even with the state's subsidy. Some described the situation as a donut hole for middle-income families in that they made too much to receive child care subsidies, yet the portion of their pay devoted to child care is burdensome. Meanwhile, the providers describe child care as a low margin business, where it is difficult to keep their lights on and doors open.
- Accessibility. Many families reported that they do not have reliable transportation to seek out care due to the lack of a vehicle or the long travel distance and time. Geographic boundaries are not always aligned which makes smooth transitions between services difficult (transportation between school system and child care). Similar feedback was received from early childhood professionals. The long travel time reduces the home visitors' capacity to work with more families. There are also language challenges and immigration issues that

prevent families from getting services they need.

- System Navigation. Participants from all nine locations made the point that it is difficult to navigate the various programs and find relevant information. Families reported that different programs do not communicate with one another to offer a cohesive system. State employees often do not have the correct information to guide them through the complicated system.
- Inefficiencies. There was recognition that there has been increased collaboration over the past couple of years between agencies, however the system is stressed, and staff are doing the best they can. Turnover at the state level has resulted in loss of historical knowledge and smooth communication between state agencies. Kansas Department of Health and Environment (KDHE) surveyors were recognized as being available and helpful, however the dual requirements and processes for licensing and subsidy required by the KDHE and Kansas Department of Children and Families (DCF) make it difficult for new providers to navigate. There is a tension between state policies and local needs: Local communities must piece together fragmented funding to create a cohesive system. Grant applications and reporting requirements are burdensome.
- Programmatic Funding. Restricted funding makes it difficult for communities to provide the services families need. Special education is not fully funded. There is a growing need for mental health services, which are largely unmet and underfunded.
- Social Stigma and/or Assistance Fatigue. Some families chose not to seek help because of perceived social stigma around receiving government subsidies and fear of professionals coming into their home (and removing their children). Others mentioned the difficulty of accessing services. Providers reported sometimes not being given reasons for subsidy denial. This negative public perception is a hurdle to state efforts to build a cohesive Early Childhood Care and Education (ECCE) system.

To Celebrate

- Local School Districts. Many communities noted extensive collaboration between local school districts and community-based agencies that they hadn't experienced in the past. Additionally, many schools opened space to provide child care.
- Business Support and Public-Private Partnerships. Local businesses collaborate with Chambers of Commerce and provide financial for private investments in the early child care ecosystem. Many noted the joint partnerships of local governmental agencies, nonprofit organizations, and private-sector investors that rallied to generate local solutions to the lack of adequate child care in their community. The Child Care Accelerator Grants were recognized as a rare opportunity for facility construction and expansion of service capacity.
- Nonprofit Organizations. Entities such as Child Care Aware and United Way have been a positive force in providing guidance on navigation and resources.
- Unconventional Spaces. Local community centers and churches open spaces and provide community support in early child care.
- Collaboration of State Agencies. Attendees noted the increased communication and collaboration of state agencies. Most found this encouraging and wanted to see more of it.
- Professional Passion and Pride. Early Childhood Care and Education professionals believe in the work they are doing and want to be able to afford to continue working in this profession.

Community Engagement Hope Meter Cards

Table 3 shows the role of the 416 listening session participants who filled out Hope Meter cards (see Appendix Figure 3). Over 40% of the attendees were service providers. About a fifth were community members and parents. The remainder were policy makers, state leadership in Early Childhood, or identified with other roles.

Table 2: *Distribution of Roles of Attendees*

Role	N	%
Community Member	88	21.1%
Other	19	4.6%
Parent	94	22.5%
Policy Maker	16	3.8%
Service Provider	183	43.9%
State leadership in EC	17	4.1%

Note. For the purposes of this data analysis, the primary role identification of participants was used.

The Hope Meter Card asked participants two questions: a) Their experience with state programs, b) how hopeful they are that Kansas is going in the right direction in early childhood.

Table 3 shows that the average hope score was high, with an average of 7.42, meaning the state is going in the right direction. This high score conveys trust and confidence from those in attendance. Over 75% of attendees indicated a Hope Meter score of 7 or above (see Table 4) with almost 14% expressing high hope and confidence in state leadership.

Table 3: Overall descriptive statistics of Hope Card scores

Rating	N	Minimum	Maximum	Mean	Std.Deviation
Hope Rating (1-10, with 1 less hopeful and 10 more hopeful)	416	0	10	7.42	1.94

Table 4: *Frequency of Hope Card scores*

Hope Rating (1-10, with 1 less hopeful and 10 more hopeful)	N	%
0	1	0.2
1	7	1.7
2	5	1.2
3	7	1.7
4	10	2.4
5	24	5.8
6	48	11.5
7	84	20.1
8	115	27.6
9	58	13.9
10	57	13.7
System Missing	1	0.2

We further analyzed the scores to find any significant difference in Hope Card scores between groups. As shown in Table 4 and 5, there were no significant differences in Hope scores between groups, with averages ranging from 7 – 8 in all groups, including parents and community members.

Table 5: Descriptive statistics of Hope Card scores by attendee role(Hope rating (1 less hopeful to 10 more hopeful))

Role (choose one or more)	Mean	N	Std. Deviation
Community Member	7.33	88	2.027
Other	6.83	18	2.256
Parent	7.37	94	1.912
Policy Maker	8.13	16	1.586
Service provider	7.41	183	1.933
State leadership in EC	8.18	17	1.425
Total	7.42	416	1.938

Table 6: ANOVA of Hope Card rating (NS)

Sum of Squares	df	Mean Square	F	Sig.
Between Groups	(Combined)	24.827	5	4.965
Within Groups	1534.394	410	3.742	1.327
Total	1559.221	415		.252

*Note. Hope rating (1 less hopeful to 10 more hopeful) * Role (choose one or more)*

On average, experience with state programs was rated a 7/10, with no statistically significant differences between groups (see Table 7, 8 and 9). In other words, attendees were very familiar with the ECCE system.

Table 7: Overall descriptive statistics of Experience with State Programs

Overall descriptive statistics of Experience with State Programs	N	Mean	Std. Deviation	Variance
Experience with state programs (1 Neg to 10 Pos)	416	6.656	1.994	3.978
Valid N (listwise)	416			

Note. Std. Deviation and Variance use N rather than N-1 in denominators.

Table 8: *Descriptive statistics of Experience with State Programs by attendee role (Experience with state programs (1 Neg to 10 Pos))*

Role (choose one or more)	Mean	N	Std. Deviation
Community Member	6.188	88	2.2184
Other	6.421	19	1.4266
Parent	6.823	93	2.0439
Policy Maker	6.188	16	3.0380
Service provider	6.784	183	1.7631
State leadership in EC	7.500	17	1.9365
Total	6.656	416	1.9969

Table 9: ANOVA of Experience with State Programs (NS)

Sum of Squares	df	Mean Square	F	Sig.		
Between Groups	(Combined)	41.572	5	8.314	2.113	.063
Within Groups	1613.272	410	3.935			
Total	1654.844	415				

Note. Experience with state programs (1 Neg to 10 Pos). Role (choose one or more).

We also analyzed if participants' experience with state programs has any relation to their hopefulness and found that there is a strong statistically significant correlation ($r = .443; p < .001$) between experience with state programs and Hope scores (see Table 10). The more familiar the participant was with state programs was, the higher their Hope score was. This finding suggests that attendees are familiar with the system and have confidence in current systemic approaches.

Table 10: Correlation between Experience with state programs with Hope Card Rating

	Experience with state programs	Hope rating	
Experience with state programs	Pearson Correlation	1	.443**
	Sig. (2-tailed)		<.001
	N	416	415
Hope rating	Pearson Correlation	.443**	1
	Sig. (2-tailed)	<.001	
	N	415	416

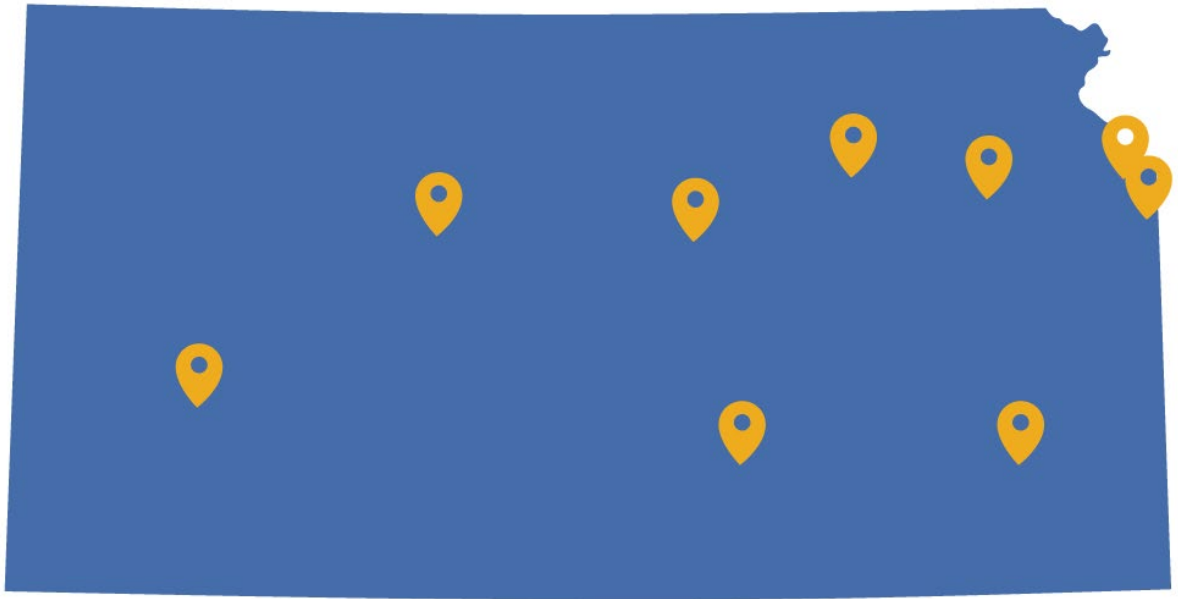
Note. **Correlation is significant at the 0.01 level (2-tailed). Experience with state programs (1 Neg to 10 Pos). Hope rating (1 less hopeful to 10 more hopeful).

Recommendations

- Support public-private partnerships to increase the availability and accessibility of child care providers and establish child care as essential community infrastructure.
- Establish an agency under which select programs would be housed, making it easier for families and providers to navigate services.
- Streamline the licensing process to address barriers and design an efficient process for providers.
- Provide technical assistance and education on business ownership, funding streams, grant writing, and capacity building to address difficulties providers face with accessing funding streams such as operational grants.

Appendices

Figure 2: Kansas Early Childhood Transition Task Force 2023 Tour Map showing locations of listening session locations.



Locations: Chanute, Wichita, Garden City, Hays, Salina, Manhattan, Topeka, Overland Park, and Kansas City

Figure 3: Community Engagement Hope Meter Card Sample

I am a	My experience with state programs is
<input type="checkbox"/> Youth	1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> Parent	Negative Positive
<input type="checkbox"/> Community member	
<input type="checkbox"/> Service provider	
<input type="checkbox"/> Policy-maker	
<input type="checkbox"/> State leadership in early childhood	
<input type="checkbox"/> Other _____	
How hopeful are you that Kansas is going in the right direction on early childhood?	
1 2 3 4 5 6 7 8 9 10	
Less hopeful	More hopeful

Note Cards

Quotes from Participants

1. Deregulation is never the answer to any problems/challenges facing the EC field with the lack of early childhood programs. I hope/pray that is not going to be brought up again and again. It will not answer the program supply issue.
2. At some point we need the state to make a determination regarding the role schools should play in 0-3. 1. Be the overseeing entity? If this is the direction, let's do a year. phase-in with the expectation for schools to oversee and then fund it through the schools. 2. Support System? Districts don't provide direct care but act as a supporting entity. If we can clearly communicate this to schools, districts will step up to the challenge and expectation, but funding must match the expectation.
3. KDHE is hard to work with. DCF is very simple to work with. Licensing surveyors need more guidance for what each regulation's parameters are! Not open to each licensing surveyor's interpretation! This is a LARGE reason for lack of providers in Saline, McPherson, & Ottawa counties!
4. Ongoing support for current EC community providers. Locating staff professional [development?]. Continuum of services- home to school, preschool, want home. Support preschools already in place. Insurance cost is prohibitive. Lack of qualified personnel [who] understand or have knowledge of running programs, state level funding- pay decrease. Good use of ASQ. Not enough professionals for mental health training. Not enough local funding for mental health.
5. Consider study of cost efficiency of beginning public education at age 0, comparing lifelong support needed for those who didn't get a good start in early childhood.

6. Support and encouragement to get and retain family childcare is a minimum. We are able to license homes faster which allows more access but without funding we are forced to out price our middle-class families. DCF and Raising Riley are great assistance programs but they both serve the lowest income people. We continue to miss the middle. More buildings don't help mentoring. Current providers make retention last and bring more providers.
7. Don't forget healthcare as part of the EC system. Parents and children need quality healthcare to be able to thrive and learn. Medicaid plays a role in the EC system. They cover nearly 40% of births and have a large impact on families during the critical first 1,000 days. Healthcare providers, community health workers, etc. play a role.
8. How can Extension assist with any efforts? Agents are in all 105 KS counties.
9. More financial aid for individuals eager to achieve licensure.
10. 1. Early Childhood is NOT just child care and it's not just education. 2. Getting everyone in the same room does not guarantee efficiency or collaboration. It's deeper than that.
11. If child care professionals were predominately male, would they pay/support be greater? Parents as Teachers model is a bright spot and should be duplicated. Funding taken from child care to support rec centers in one community. *Army Child Care in Your Neighborhood* was a successful model in KS, not accessible to all though.
12. Guidance on subsidies as an employee benefit was not clear and it is not working for everyone who would qualify. Food intentions go awry when legislation is not drafted with informed stakeholders-decisions. Care is not valued. Trauma effects of COVID on children, families, and staff need addressed. NAEYC Power to the Profession, follow NAEYC ration recommendations.

13. Enhance support, coaching, mentorship with existing partners instead of starting from scratch (e.g., turn to KCCTO and Child Care Aware). Must be a non-profit model to allow charitable giving. Not a “livable wage” go for a “sustainable/thriving wage”. Administration tasks could be centralized to allow directors to focus on quality care and family relations.
14. Need more action - fund the issue and support the workforce. Confirmation of fragmentation - individuals at the table reported not knowing what others were doing and already having some solutions in place (that could be models). Indiana coaching and apprenticeship model - micro credentialing, getting credit from community college for training accomplishments accepted by university as a transfer credit.
15. Need a path to support professional development and growth to reduce burnout from direct care. Barrier - leaders are not on the same page, a statewide approach will help. Costs of care should be subsidized with government funds (look at military child care model). Pay needs increased at all levels to draw and retain the right people with subsidies.
16. Care is not separate from education. If it's a state department of early childhood education, focus could become too attached to activities/expectations that are not developmentally appropriate. CAUTION: Be careful about “schoolification” of early care programs. Look to: *Illuminating Care* by Carol Garboden Murray.
17. Increase accessibility to and awareness of Child Find.
18. We need more inclusion preschool classrooms with adequate transportation. If child care and the child's preschool are in different school districts, the child is not transported to preschool.
19. Help remove barriers so EC programs can provide wrap around services for families and children who need and could benefit from more than one service - for instance - child care should be regularly included in Part B and C services.

20. If the issue is funding so we can adequately compensate child care employees, we need to develop a mechanism to fund the system. Sources of funding could include federal, state, employers, foundations, philanthropy, health foundations, school districts. We need to develop a "system" for 0-5-year-olds like the public education system funded through public private partnerships.
21. When this new agency is developed, we have questions/concerns: What happens to the Children's Cabinet? Will the key fund and tobacco money still be identified, or will they be folded into the state budget? Will we lose ECBG and other opportunities?
22. KDHE and KSDE -> one agency for childcare and EC education. State funding for EC is just like K-12. If we must keep writing grants for state 4yo pre-K, include ALL children who qualify for reduced meals, not just free. This is a huge issue in our community.
23. Streamline the info to help a person go from unlicensed to licensed OR call one entity to report and address unlicensed care. Increase the public knowledge of the importance of early childhood educators.
24. I think expanding Medicaid to moms for 12 months after delivery is very important for maternal mental health, so this is a huge positive. Adequate (inadequate) reimbursement for Medicaid and DCF child care are huge negatives.
25. I think we have wonderful services and programs in this area. However they're losing funding, not enough space. Not enough ability to gain 0-3 services - Employment benefits - early education - homelessness - poverty - mental health services and even substance use programs. Local relationships/community partnering, we need people to get the services and the services need to be known.
26. All day pre-K is NOT lunch and a nap for half the day!

27. Our concern is that the government is not the best way to achieve success. We are disappointed Gov. Kelly vetoed the child care bill this session. We would like to encourage the free market and private businesses to be allowed to solve this issue, not government.
28. I am so appreciative for Governor Kelly's support of early childhood education.
29. 1. Retaining staff, receiving funding, livable wages for employees, helping families afford child care. 2. We are currently expanding our center. We will grow from 60 to 120 by the start of the school year. 3. Slow, still waiting on my sustainability grant.
30. Three main funding streams for ECE workforce- Increase DCF subsidy Quality v Market cost, KSDE preschool funding (formula) add 0-5, Links to Quality workforce compensation/benefits tied with participation in it and career pathway. Welcome to the world package for new babies. Consolidate home visiting, expand ABC home visiting! Libraries should be supported in literacy and early childhood systems, providing informal care now, expand family engagement in libraries, use as front-facing services of office of early childhood.
31. Compensation for child care - problem. Transportation - barrier. Insurance issues - lack of/ Medicaid billing issues that limit services. Need support for better staff training for social emotional issues kids dealing with.
32. Neosho County - lack of infant slots, lack of funding - waiting for CCA grant, KSU needs assessment doesn't provide list of providers. Appreciate Gov. Kelly's interest in child care in rural KS. Too many silos - esp. families of children with special health care needs. Rural isolation - difficult to access services so USD becomes the hub.
33. Kansas focus on funding for new child care is a bright spot. Stigma for Home visiting. Length of time/difficulty of getting licensed caused loss of eligibility for sustainability grants. Anderson County partnerships help sustain child care. DCF funding varies per county - cost per center stays the same.

34. Delays getting DCF subsidy for families. Wyandotte county aids in finding funds to help families. Child care wages are the biggest barrier (no benefits). Humboldt businesses helping child care, sugar creek paying for building and utilities. Fragmented system - create regional hubs to support child care.
35. Funding for centers to help sustain care: payroll, tuition, program costs, training & education costs, fill empty spots. Streamline licensing processes. DCF amounts increased & the process needs to be easier. Partnerships, strengthen.
36. Overlap of provided support for childcare professionals. Services available but unknown.
37. Sick child care for families working if they are risking losing job. Poverty simulation done by Head Start is amazing for employers to understand needs. Court mandated home visiting for families in the system.
38. "Workforce Behind the Workforce" Delays in starting child care facility: OSFM, staffing, CCL = Compounded delays. Discrepancy of funding with different parts of the state (DCF subsidy). Triage of supports + strength of local partnerships.
39. Home visiting programs: make them accessible, working with other programs, billing insurance for services
40. Education for parents about early childhood while they are pregnant. So many parents do not understand that birth-5 are the most important years.
41. State looks at a deliverable for maternal and health grants to help families figure out quality childcare.
42. Getting the list as a parent for child care providers is difficult. They only get a few at a time. It should be the parents' choice- they should receive the list of all providers. When getting a child care license, we need fire marshal licensing to work together and talk. As a new provider you have to talk to different organizations. They should each call the other.
43. What should we do to incentivize businesses to provide in-house child care? Can we help

make it cost effective for a business to hire a child care professional at a livable wage so they can also get more qualified employees to do the work of the business? Also, can we mandate 12 weeks paid leave for new families? That is the ultimate early childhood investment.

44. It is difficult to find ways to participate, serve, grow, and share knowledge with early childhood groups with the state and communities. I would like to be part of the groups but struggle to find the groups and get my foot in the door.
45. Rural families and schools have different challenges than more populated areas. While we do want to create a common system, I also hope we remember rural families and school needs cannot be lost in the voices of larger districts.
46. An innovation our state should consider is the 2-generation whole family approach to poverty as a framework to align services for families as part of a human-centered design approach. Early education affects the whole family and while the child is the true focus, the success of the child is inextricably linked to the health and success of every individual in the household.
47. Need for insurance subsidy. More money in system.
48. Allowing early childhood development students to take early learning Praxis. ASQ streamline for districts.
49. Kids World Childcare Learning Center offers full day Pre-K program. It has been a true help to the families/parents we serve.
50. Sustained, protected revenue source for early childhood education in KS and federal. (Consider payroll tax, death to birth) Organized child care/home provider units with Links to Quality. Wage compensation scale/benefits for providers: create incentives for professional development, base rate pay increases for providers delivering needed care (infant, overnight), K-12 pay parity goals. Funding a statewide substitute program. Links to Quality access ro KPERs.
51. Infant Toddler Service making contacts with parents

52. Child care = public good = infrastructure. 1. Barriers- Child care workforce, understaffed, underpaid, under supported > leads to lack of slots for quality child care. Cost of child care, can cost more than housing. Need full day/full year coverage. Parents don't only work part days and partial years. 2. Strategies working = Start Young scholarships and gap funding for families, wage supplement for staff. BUT - wage supplement is 2x per year increased wages need to be on every paycheck for providers to be impacted every day and to be treated as professionals. Providing scholarships and support for staff to increase wages. Coaching for both early childhood mental health and classroom instruction. Slots need to be quality not just a slot. 3. Child care subsidy is limited - families need quicker access and fewer barriers to subsidy- should not be denied when not working - can't pay for care if lose or denied when not getting child support. Stop punishing parents! Help them!
53. Parents and providers hold the key to help answer some of the hard questions. We need to keep working to have clear communication. We need to strengthen the workforce.
54. As a parent, I believe the state struggles with students that have IEPs. With not knowing all the IEP lingo and then deadlines for state agencies to meet, my child may have missed some IEP deadlines had I not known that there were some. I pushed agencies to get somethings done while being flexible with my time. How to make things easier with transition with ages/transitions.
55. Sensitivity training for staff who work in agencies serving the families/children we work with. Oftentimes parents don't feel heard or respected.

56. I would encourage the Taskforce to look at child care as a whole - to include in-home providers. Child care centers get the most attention but without in-home providers in the conversation, the state is not supporting a large need. They can be on an island alone without direction or help and the current KDHE website is hard to navigate.
57. System doesn't allow for transportation. Districts often only transport within geographical area. No coordination between centers & schools. Funding often dictates options. Continuity with funding - system doesn't support continuity of care. Based on where you live. School districts represent an opportunity. PAT, DPIL. Fully fund Idea Part C services but do not allow local districts to use these funds to increase general funds. There needs to be a net increase, I think. We need a system of 5 child care tax credits linked to a quality rating system. 1 Parent tuition credit 2. Child care workforce tax credits 3. child care donor tax credit 4. Program credit 5. Corporate tax credit.
58. In rural communities where I'm located, the licensing process is intimidating. I have prospective in-home providers scared off because the process seems too daunting. We need positive people who can walk new providers through the licensing process.
59. How are families being engaged in this process? google for QR code. Update technology to help family access. Resources need evening hours so families can access. See table notes
60. Why are we trying to make child care fit businesses and 12-hour shift work? Perhaps businesses (Panasonic) should offer flexible shifts to better meet the needs of their employees (and be more developmentally appropriate for children). Can child care providers get state benefits (insurance & retirement)?

61. Connect within office of early childhood: schools (public, universities), part c, early childhood organizations > state funded. PAT, Mental Health, Quality initiatives and accreditations, business partners, workforce input & feedback. Create some connections for a seamless system that avoids duplication of services and is well funded.
62. Bright spots- Kansas state school for the blind. Free statewide vision services for infants and toddlers for part C providers & families - starting in august 2023 in collaboration with KDHE. Statewide free resources for early childhood B-5 with deaf/blindness or combined hearing & vision loss.
63. Bright spots - Legislature & children's cabinet support of DPIL has been a huge benefit to families and communities.
64. Child licensing has an extended wait time for most requests (i.e. new license, amended license, etc.) Fire marshal & KDHE do not work together. Getting a new license has been a major challenge.
65. Needs: Stagnant funding for PAT - grants need more money and increased each year for cost of inflation. inequity between locations across state in child care/preschool opportunities. Infant toddler child care slots. lack of staffing due to low wages. Strength areas - supportive governor invited in early childhood issues and strengthening state systems.
66. How does Kansas daycare licensing requirements compare to other states. Are the requirements a burden here? What would it have to look like to get daycare facilities placed in apartment complexes? Stand-alone building but within the complex.
67. Benefits for child care workers at the state level (health care provided by state). CDA program for high school pathways for education

68. Gender equality issue > women impacted greatly > paid less when returning to work, putting less money into social security & 401k, out of workforce impacts economy and careers of women. Need universal pre-K, full-time pre-K for all students, kids all deserve to be ready for kindergarten. Need a statewide commitment to pay for this and hopefully subsidize child care, the cost is such a barrier. Paid leave for parental leave needed. Incentivize child care centers in business & apartment complexes or require it to get TIF money. Tax benefits to centers & employees, access to better healthcare plans.
69. We need funding! Sustainability grants to keep our doors open! We cannot wait even 30-60 days for funding sources.
70. Tax credit for teachers both preschool/grade school. Medicare access for child care professionals. State funding to offset tuition cost. New curriculum for social emotional. Play therapy. More resources, needing full-time / one-on-one support.
71. See ads for getting people to join in for childcare in Kansas but need support through insurance and funding for wages to get and maintain quality employment. Money talks. Positive- Monthly provider calls with Eldonna (?) great to keep us updated and training.
72. Need a Zoom listening session at a time when child care providers can participate. Need paid parental leave like other countries. Need financial supports like other countries.
73. Small school districts have NO businesses to draw upon for resources, need the support financially, implementation, direction (how to bring childcare to the district). We are ready and willing to do this in our district we simply need guidance & personnel to help make the implementation occur.