



**Statewide Capacity  
Building for  
Operational  
Excellence and  
Innovation in Early  
Childhood Care and  
Education**



Prepared by



ALL CHILDREN **THRIVE**

**Engagement  
Report**

November 21, 2025

Statewide Capacity Building for Operational Excellence and Innovation in Early Childhood Care and Education: Engagement Report

# Table of Contents

Introduction	2	Methods	3
Arkansas ECCE Landscape Analysis	7	Regional Examination and Feedback Analysis	16
Recommendations and Opportunities	46	Conclusion	49
References	51	Appendices	53



# Introduction



Arkansas’s early childhood care and education (ECCE) system stands at a critical moment. Families face rising costs, educators struggle with low wages, and too many children—especially those from historically underrepresented communities—lack access to the quality care and learning they deserve.

The state’s ECCE system is best understood both through data and stories of lived experience. This report combines statewide research, local data, and the perspectives of families, educators, and local leadership to show where the system is working and where children are being left behind. It begins with a wide-angle view of state data, narrows to local lead regions, examines a sample of counties and public school district-level analysis highlighting regions in which we find families who may be living in poverty, families experiencing homelessness, and high or low percentages of children with disabilities and developmental delays and/or are multilingual.

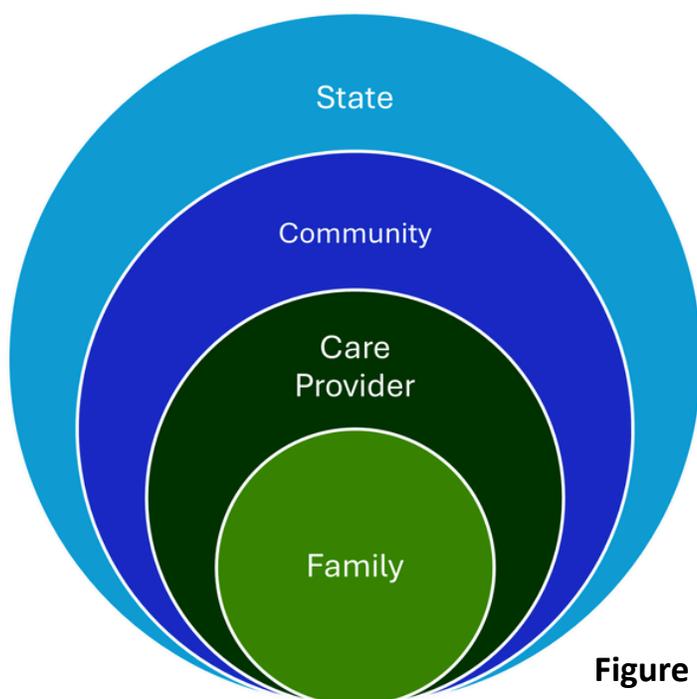
This report captures both the current landscape and future opportunities for strengthening Arkansas’s ECCE system. It brings together state-level data and research with authentic feedback and insights from those directly impacted.

# Methods

## Background Information

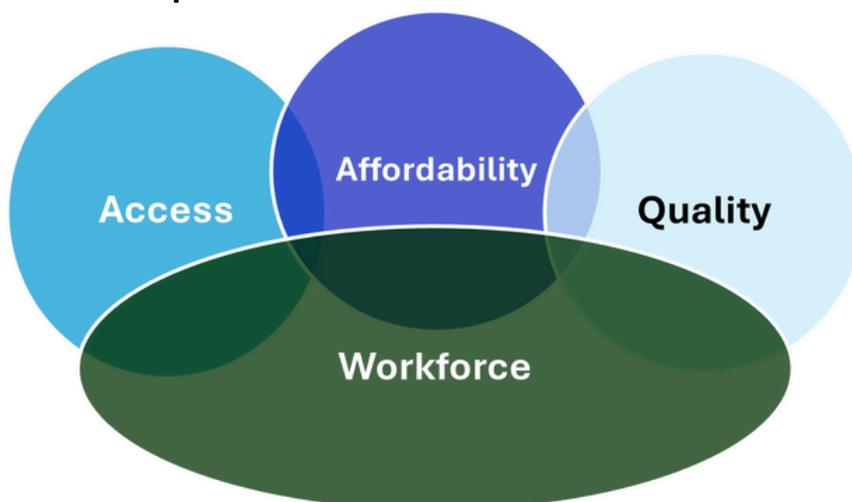
To select and implement an engagement strategy that will result in gathering insights to advance the purpose of the project, building statewide capacity and operational excellence, thereby increasing access to high-quality care and education opportunities for all children and families, the complex and fragile ECCE system must be understood, articulated, and centered in the engagement approach. Figure 1 highlights the interconnected nature of the statewide ECCE system that centers children and families while underscoring the importance of unique local contexts.

**Figure 1: Interconnected ECCE system**



At every level, from the family to the state, there are intersecting components of an ECCE system – access, affordability, quality, and workforce – that, when out of sync at the community and state levels, create unstable systems of care. Figure 2 provides a visual of the interrelated system at each level.

**Figure 2: Framework with intersecting components that influence ECCE for children**



## Engagement Strategy

The engagement strategy was grounded in the well-known curb cut effect, research, and data with a focus on historically under-represented and least well-served children in Arkansas. The curb cut effect illustrates how policies and practices designed to support specific group, often those who face the most significant barriers, end up benefiting everyone (Blackwell, 2017).<sup>1</sup> In ECCE systems, this concept underscores why intentionally prioritizing children who experience systemic barriers, such as children with disabilities, developmental delays, or multilingual learners, leads to broader gains for all children. By designing an ECCE system that is centered on children with disabilities and delays and multilingual learners, all children, families, ECCE programs, and communities will benefit.



This engagement strategy started with a review of state-level data. To understand the greatest challenges faced by those that intersect with the ECCE system, we utilized school district demographics from the [ADE Data Center](#) to locate communities with high and low levels of:

- Children living in poverty
- Children experiencing homelessness
- Children with disabilities and developmental delays
- Children who are multilingual
- Children who are racially and ethnically diverse

The following communities were identified: Brinkley, Little Rock, Decatur, Texarkana, Miller County, Hope, Junction City, Union County, Waldron, Springdale, Newton County, Blytheville, and Chicot. Collectively, these communities reflect a broad cross-section of the state, encompassing demographic, geographic, and urban-rural diversity. Additional data about these communities can be found in the Appendices.

Using a snowballing sampling methodology, we identified corresponding local lead organizations in the aforementioned communities: Clarendon School District, City of Little Rock, Child Care Aware of Northwest Arkansas, Southwest Arkansas Education Cooperative, South Central Arkansas Education Cooperative, University of Arkansas at Fort Smith, Washington County Collaborative, Ozarks Unlimited Resources Education Service Cooperative, Arkansas State University (A-State) Childhood Services, and Mississippi County Arkansas Economic Opportunities Commission, Inc.

## Snowballing Process in Action

While carefully centering the context in Figure 1, we designed the engagement process to begin at the community level with local leads. Below are the steps that were taken to ensure buy-in and engagement occurred at every level.

<p><b>Phase 1: Focus on Local Leads</b></p>	<p><b>Step 1:</b> Local lead plans were reviewed and analyzed (see Appendix A) to inform the focus group questions.</p> <p><b>Step 2:</b> An introductory email was sent along with a brief survey and registration for upcoming focus groups offered during flexible times.</p> <p><b>Step 3:</b> The local leads participated in one of three focus groups. The protocol and questions can be found in Appendix B.</p> <p><b>Step 4:</b> The local leads connected the team with ECCE programs in their region, community members, and parents and supported recruitment for upcoming focus groups.</p>
<p><b>Phase 2: Focus on ECCE Programs</b></p>	<p><b>Step 1:</b> An introductory email and flyer were sent with a brief survey and registration for upcoming focus groups offered during flexible times to ECCE programs in the ten identified communities.</p> <p><b>Step 2:</b> To ensure we included a variety of ECCE programs, a matrix and matrix summary (see Appendix E) were developed with characteristics/types (e.g., ABC Program, in-home/family child care, receives School Readiness Assistance).</p> <p><b>Step 3:</b> After ECCE program staff registered, characteristics of each program were reviewed and focus groups of participants were selected based on these characteristics to ensure geographic and program representation was diverse.</p> <p><b>Step 4:</b> ECCE program staff participated in one of three focus groups. The protocol and questions can be found in Appendix C.</p> <p><b>Step 5:</b> The ECCE programs connected the team with parents and caregivers in their communities.</p> <p><b>Step 6:</b> ECCE program staff who registered to participate received a survey to gather additional information; the survey allowed for additional voices to be included.</p>

<p><b>Phase 3: Focus on Parents &amp; Caregivers</b></p>	<p><b>Step 1:</b> We sent an introductory email and brief survey with registration for upcoming focus groups offered during flexible times to parents and caregivers in ECCE programs in the ten identified communities.</p> <p><b>Step 2:</b> After parents registered, we reviewed the registration information to ensure a broad representation of parents were identified to participate in a focus group.</p> <p><b>Step 3:</b> Parents and caregivers participated in one of three focus groups. The protocol and questions can be found in Appendix D.</p> <p><b>Step 4:</b> Everyone who registered to participate received a survey to gather additional information; the survey allowed for additional voices to be included.</p>
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**About the Data**

This report presents a landscape analysis of available data on children, families, and ECCE programs. The data were collected between August and September 2025 and do not reflect changes occurring after that period, unless otherwise noted.

**Focus Groups**

Through a facilitated process, educators, administrators, and others who work in ECCE programs as well as parents and caregivers were invited to share their experiences, opportunities, and program- and community-specific challenges related to access, affordability, quality, and workforce. Focus group questions and facilitation techniques were tailored to the needs of the group and consideration for language access and diverse learning styles. Compensation was provided to all participants.

The use of snowballing methodology helped us to better understand opportunities for alignment/convergence as well as divergence between the various participant groups (e.g., ECCE program staff and parents) and regions. In total, through this approach, we had the following levels of engagement:

- 3 local lead focus groups with 12 participants
- 3 ECCE program focus groups engaging 41 individuals, with an additional 29 completing a more detailed survey; a range of program sizes, types, and quality rating levels were included
- 3 parent focus groups engaging 40 individuals (1,028 parents completed an initial outreach survey), with an additional 276 completing a more detailed survey

# Arkansas ECE Landscape Analysis

There are several types of regulated ECCE settings in Arkansas.

**Child Care Center** - A licensed facility that provides care and early learning experiences for more than 6 children from more than 1 family, often serving infants through preschool and sometimes including school-age care. There are 1,357 child care centers in the state.

**Early Intervention Day Treatment (EIDT)** - Offers evaluation as well as therapeutic, developmental, and preventative services provided by a licensed pediatric day treatment clinic that is run by early childhood specialists. In order to receive EIDT services, a child must receive Medicaid and have a documented developmental disability or delay. EIDTs serve children ages 0-21 and can be the only source of regulated care in some regions of the state. There are 163 EIDTs in Arkansas.

**Licensed Child Care Family Home** - A child care program operated in a provider's residence, licensed to care for 6 to 16 children that meet requirements for health, safety, and learning environments. There are 189 licensed child care family homes in the state.

**Out of School Time** - Programs that provide care, enrichment, and supervision for only school-age children before and after school, during holidays, and in the summer. There are 182 OST programs in the state.

**Registered Child Care Family Home** - A home-based program caring for less than 5 children that is registered (but not fully licensed) with the state, meeting basic health and safety standards. There are only 4 Registered Child Care Family Home programs in the state at this time.



Additionally, there are multiple funding streams that support some ECCE programs and/or families utilizing regulated care.

**Arkansas Better Chance Program (ABC)** - Provides state-funded early care and education for 3- and 4-year-old children from low-income families to help prepare them for school. Eligible families have a gross income not exceeding 200% of the Federal Poverty Level (FPL). Additional eligibility factors beyond income are considered based on a child's development or family/caregiver characteristics. Child care providers must be licensed and participate in the state's Quality Rating and Improvement System (QRIS) to offer ABC programming. Lead Teachers in ABC classrooms must have Arkansas Educator License in Early Childhood Pre-k or have a bachelor's degree in early childhood education, child development or a related field. The program meets 8 of 10 national preschool benchmark standards.<sup>2</sup> ABC seats serve children for the duration of a school day, 178 days out of the year. Only 25% of ABC seats are located in child care programs.<sup>3</sup> In 2024, each provider received \$5,105 per child, per year.

**Number of children served:** 23,059<sup>3</sup>

**School Readiness Child Care Assistance (SRA) Voucher Program** - Helps low-income families pay for child care so parents can work or attend school. Families with gross income not exceeding 85% of state median income are eligible if household adults attend school, work or a training program for at least 20 hours per week. 80% of participating providers are licensed child care centers. As of September 2025, there were 1,238 children on the wait-list and 3,382 in-progress applications for the SRA.

**Number of children served:** 16,521 (9/18/25)<sup>4</sup>

**Child and Adult Care Food Program (CACFP)** - Provides partial reimbursement for meals and snacks served in child care programs, ensuring children get nutritious meals. Reimbursement amounts are set at the federal level and vary based on the income eligibility of the children in care. As of September, 2025 there were **742** child care programs, **616** child care centers, **124** Licensed child care family homes, and **2** registered child care family homes participating in CACFP.

**Head Start (HS), Early Head Start (EHS) and Early Head Start - Child Care Partnership (EHS-CCP) grants** - Federally funded programs that support children from low-income families. Families that are at or below 100% FPL are eligible. Children experiencing homelessness, children in foster care, and children from families receiving public assistance (TANF, SSI) are also eligible. Licensed schools and centers, community action, agencies, universities, family child care can provide services. Many local grantees operate both HS and EHS, offering a continuous pathway from birth through school entry.

**Number of children served:** 9,226<sup>5</sup>

Across these funding streams (excluding CACFP), 7% of funds are spent on infants, 10% on one-year-olds, 13% on two-year-olds, 27% on three-year-olds and 43% on four-year-olds.<sup>3</sup>

***"What I appreciated is the opportunities it's given my child, to build confidence and interact positively with others."***

**- Parent**

***"I like that parents value strong teacher relationships and communication. Trust is important."***

**- Local Lead**

## **Quality**

**Better Beginnings** has been Arkansas' Quality Rating and Improvement System (QRIS). This tiered system based on a 0-6 rating system scored child care providers on specific programming areas like program administration, health, safety and learning environments, family and community engagement and staff qualification and professional development levels. Star levels impacted a program's voucher reimbursement rate. Local leads and child care providers cited the cost to achieve a 4 star or above is prohibitive. This system is now moving to Classroom Assessment Scoring System (CLASS) observations. Child care providers shared confusion about the shift to CLASS, while some didn't know the QRIS was changing.

For a full breakdown of children, programs, their capacity, enrollment, and quality ratings can be found in the Appendix F.



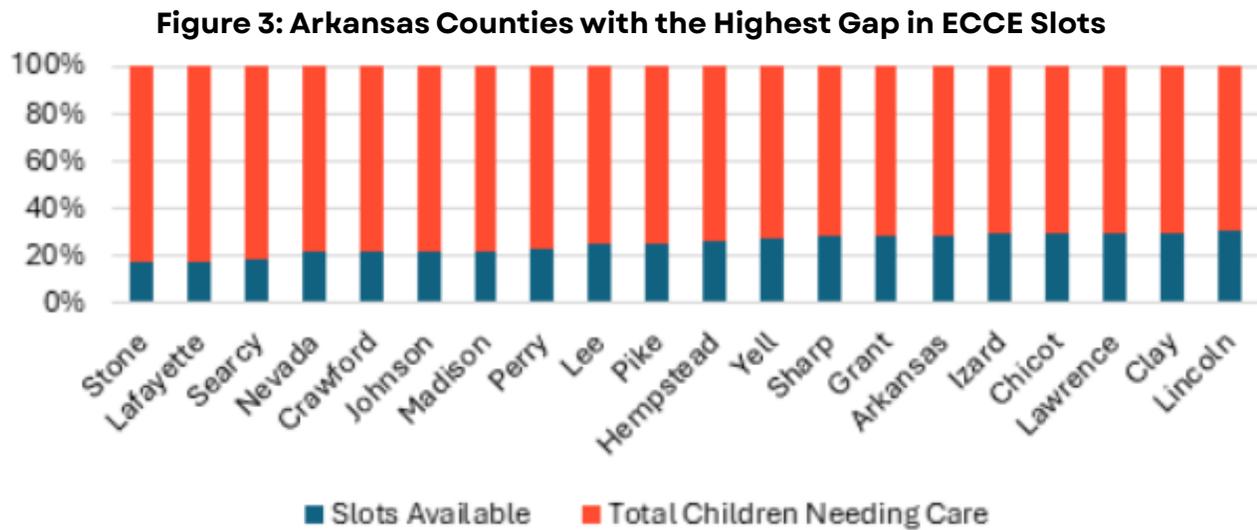
***"I want all programs to start with people who have the heart for kids. Some skills you can train people to be stronger in, some you cannot. It has to be in you."***

**- Parent**

## Access

Based on most recently accessible census data (2023), Arkansas has approximately 215,345 children under age six. An estimated 66% of households have all adults working outside the home, which translates to about 142,128 children likely in need of care.

While some more populated areas of the state appear to have sufficient care capacity, gaps in care are far more severe in rural counties. In fact, 50 Arkansas counties face a gap of 40% or more between children under age five and the number of available regulated care seats. Figure 3 highlights the counties with the highest gap in ECCE slots.



*Analysis of ECCE capacity data retrieved from the [Arkansas Department of Education](#) on August 29, 2025 compared with child population data retrieved from [Cusp Public](#).*

Importantly, qualitative data based on ECCE program and parent narratives tell us that a staffing crisis persists in parts of the state. Low wages, high turnover, and limited funding and support reduce the number of operational classrooms. This reduces the actual supply of care available to families.

***“It’s very hard for families to find care and we keep building new programs but they can’t find staff.”***

***– Local Lead***



## Affordability

In 2023, 44% of Arkansas households struggled to afford basic needs, including 16% in poverty and another 28% identified as asset limited income constrained, employed (ALICE)—working households earning too much to qualify as poor but not enough to get by. This placed Arkansas 40th in the nation for financial hardship, meaning only 10 states ranked a higher level of hardship. In fact, 44 of 75 counties in the state have 50% or higher households that are either living in poverty or identified as ALICE households.

**Figure 4: Arkansas Counties with 50% or Higher Combined Percentage of Households in Poverty and ALICE Households**

Ashley	57%	Desha	61%	Jefferson	56%	Monroe	54%	Scott	54%
Baxter	50%	Drew	56%	Johnson	54%	Nevada	61%	Searcy	62%
Bradley	57%	Franklin	50%	Lafayette	60%	Ouachita	51%	Sevier	53%
Chicot	57%	Fulton	62%	Lawrence	55%	Phillips	60%	Sharp	57%
Cleveland	54%	Hempstead	54%	Lee	66%	Pike	50%	St. Francis	63%
Columbia	54%	Hot Spring	51%	Lincoln	50%	Poinsett	50%	Stone	63%
Crittenden	52%	Howard	53%	Madison	51%	Polk	50%	Union	51%
Cross	51%	Izard	59%	Marion	52%	Prairie	50%	Van Buren	51%
Dallas	57%	Jackson	59%	Miller	54%	Randolph	50%		

United for ALICE (2025). *The State of ALICE in Arkansas*

Retrieved from: <https://www.unitedforalice.org/introducing-ALICE/Arkansas>

Thirteen counties — Columbia, Crittenden, Desha, Howard, Jackson, Jefferson, Little River, Madison, Marion, Monroe, Phillips, Sharp, and St. Francis — have more than half of households with young children qualifying for the SRA Voucher program.<sup>6</sup>

While an estimated 120,000 children are eligible for publicly funded care, only 38,366 are enrolled, with waitlists growing due to limited funding.<sup>7</sup> Child care providers report that even when approved to accept SRA vouchers, many have open slots that go unfilled, a trend confirmed by state data showing far more available seats than enrolled children.<sup>4</sup> These gaps in access contribute to Arkansas’s persistently low national ranking on child well-being, where the state placed 45th overall for the second year in a row, with especially poor outcomes in child health, economic well-being, and family and community.<sup>9</sup>

***“I’m really getting concerned about the voucher waitlists. There are centers that are 100% voucher payment (SRA). While it is ideal to not have one single funding stream, in some locations, your population qualifies if they are going to have care. What is going to happen? How many of these programs will be able to ride these [changes] out?”***

**- Local Lead**

### **Cost of Care**

Cost of care varies depending on the age of the child, the quality of the child care program, access to public funding streams, and the location in which the program is located. For example, based on the 2023 Arkansas Child Care Market Price Study - Jackson, Logan, Scott and Clay counties have the state’s least expensive infant care spots at \$16.65/day versus Hot Spring, White, Drew, Washington, and Benton counties in which the highest infant tuition rates were \$55/day. These costs can amount to 10-20% of a two-earner household depending on location and increase substantially for single parents.

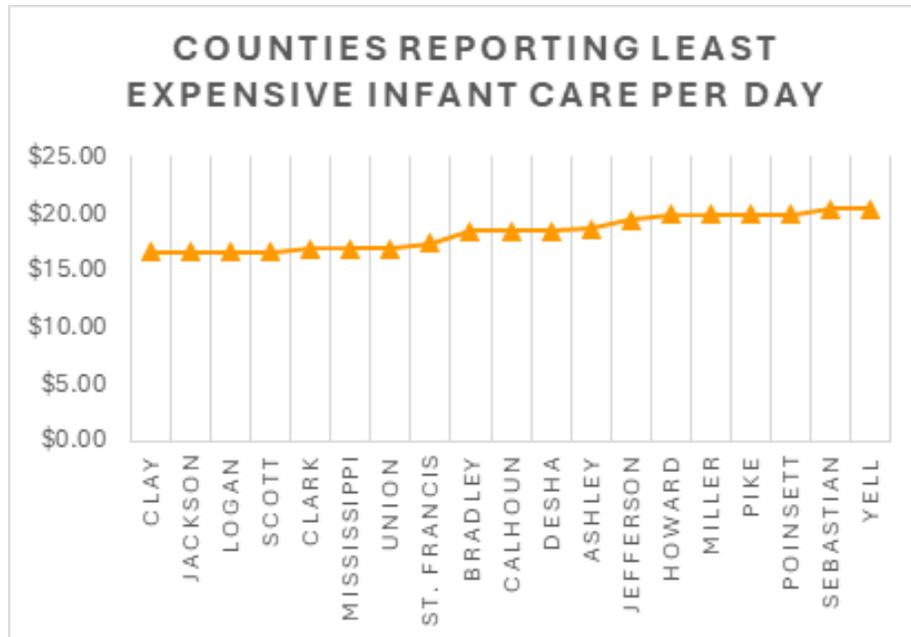


**Figure 5: Annual Family Cost Burden for Infant Care in Two Example Counties**

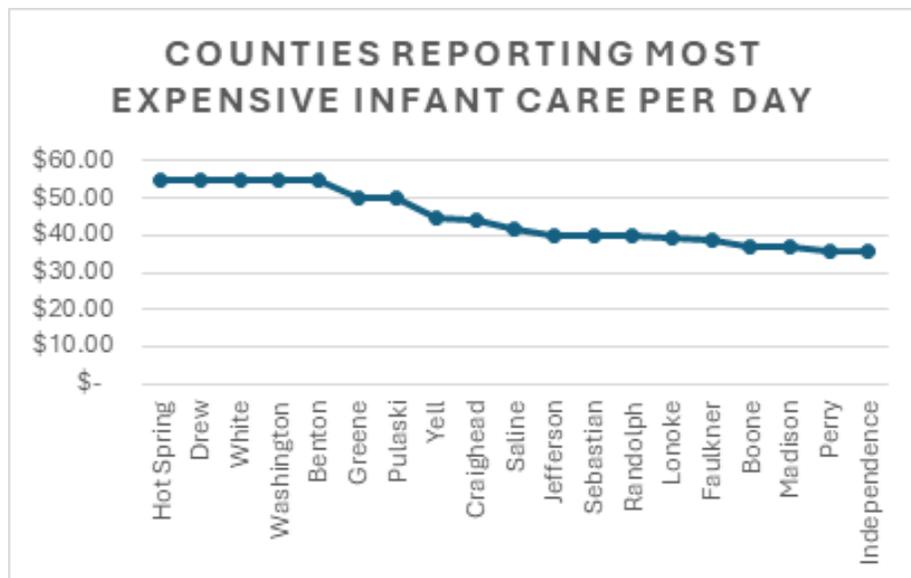
	Jackson County	Hot Springs County
<b>Annual cost of infant care</b>	\$4,350 <sup>10</sup>	\$14,355 <sup>10</sup>
<b>Median income</b>	\$41,215	\$52,644
<b>Income spent on child care</b>	10%	27%

An analysis of infant care prices relative to median family income across the state shows that families in Calhoun, Logan, and Mississippi Counties pay the least of their income toward child care (approximately 8%), while families in Drew (35%), Hot Springs (27%), and White (27%) spend over a quarter of their income solely on child care.

**Figure 6:**



**Figure 7:**



*Data retrieved from the 2023 Arkansas Child Care Market Prices Study*

Most families also face additional monthly expenses, including housing estimated by Consumer Affairs at roughly \$1,100, groceries averaging over \$1,000, and other essential costs such as health care, transportation, and utilities. For many families, these combined expenses make it likely that they end up in running a deficit each month after paying for child care alongside other necessary costs.

***“One of the biggest challenges is staffing—there aren’t enough qualified caregivers, which sometimes affects class sizes and attention for each child.”***

***- Parent***

This data confirms the overwhelming response within a parents survey conducted as part of this project in which 63% of parents said the cost of child care creates challenges for their family. One parent said, “the struggle to afford quality child care while managing household expenses often results in significant stress, mental health issues, and even the potential neglect of my children’s needs.” Even with voucher payments, parents noted the costs not covered by voucher were hard to manage.

## **Workforce**

In 2022, the Center for the Study of Child Care Employment (CSCCE) estimated that about 16,700 people worked in Arkansas’s ECCE sector, earning an average wage of just \$11.04 per hour. At that time, the state’s living wage was calculated at \$14.34, meaning most early educators were paid well below what it takes to meet basic needs. By May 2024, the U.S. Bureau of Labor Statistics (BLS) reported that the average hourly wage for *child care workers* in Arkansas had risen to \$13.27 — an increase of \$2.23, though still not enough to close the gap. For comparison, the average wage across all Arkansas occupations was \$25.52, more than double what early educators earned. Because of the low rates of pay, CSCCE also found that 17% of the early care and education workforce were living in poverty. Time and time again during<sup>12</sup> our research and engagement, teacher wages were linked directly to lack of quality staff in ECCE programs, holding down the supply of care and increasing stress for those working in the programs.

Public funding makes a difference. The same BLS data show that early educators working in publicly funded settings earn higher wages: \$17.78 per hour for public preschool teachers, \$25.38 for kindergarten teachers, and \$26.15 for elementary teachers. A notable number of child care providers said they often “lose teachers to the school district” because the pay is higher. This contrast underscores how low wages in the child care sector are tied to inadequate and uneven funding.<sup>11</sup>

Several workforce supports exist in Arkansas to increase wages and support attainment of higher education, including

- **TEACH Early Childhood® Arkansas:** Available to teachers, directors and family child-care providers employed at least 20 hours/week in a licensed child care center or family home who are interested in increasing their credit-based education covers 80% - 85% of tuition and fees associated with attending college. In 2024, the TEACH program supported 481 early education professionals in advancing their education. Recipients demonstrate strong commitment to their careers, with turnover rates (8%) significantly lower than the national average.<sup>15</sup> For scholarship recipients earning an associate's degree, an average earning increase upon completion was 12% and for those earning a bachelor's degree, it was 11.63%.
- **Arkansas Teacher Retirement System:** A recent law allows eligible educators (working in licensed programs that receive federal funds) to participate in the Arkansas Teacher Retirement System. Employers contribute 15% of an educator's salary and the employee will need to contribute 7%. After 5 years of service, educators are vested and eligible to apply for a retirement annuity. This program will kick off in 2026. The contribution requirements could pose a challenge for this sector. Like other states who have subsidized the cost of early educator health insurance premiums, it could be possible for the state or another agency to provide additional financial incentive to boost participation in this new benefit.
- **AR Resource Connections:** An online, self-guided one-stop resource for ECCE programs and staff designed to save time, reduce costs, and improve quality. The website offers over 2,500 resources, including practical tools, handbooks, policies, and guidance on topics such as budgeting, best practices, human resources, emergency preparedness, etc. This resource also includes a job posting portal. AR Resource Connections is free and available to anyone in the field. There are currently 880 users that include owners, directors, educators, higher education faculty and TA providers. Additional outreach is needed to ensure more professionals are aware of this resource and how to utilize it.
- **Professional Development:** There are many organizations that provide free professional development for ECCE staff including schools of higher education and local leads. Still, the need for in-person and specified trainings, especially around behavior and classroom management was ranked as highly needed in surveys and focus groups.

# Regional Examination and Feedback Analysis

As stated in the methods section, to understand how these trends impact families at a local level, we utilized school district data from the [ADE Data Center](#) to locate communities with high and low levels of:

- Children living in poverty
- Children experiencing homelessness
- Children with disabilities and delays
- Children who are multilingual
- Children who are racially and ethnically diverse

We then overlaid this data with varying levels of urbanicity, child care access, and stakeholder recommendations. To gain a deeper understanding of the challenges and opportunities in each community and by various perspectives, we organized the data by community and participant type.



The following communities were chosen for a deeper analysis:

<b>County</b>	<b>City</b>	<b>School District</b>
Benton, Washington	Decatur, Springdale	Decatur, Springdale
Chicot	Eudora, Dermott, Lake Village	Lakeside, Dermott
Hempstead	Hope	Hope School District
Miller	Texarkana	Genoa Central School District
Mississippi	Blytheville	Blytheville School District
Monroe Co.	Brinkley, Clarendon	Brinkley School District
Newton	Deer, Jasper, Western Grove	Deer/Mt. Judea School District
Pulaski	Little Rock	Little Rock School District
Scott	Waldron	Waldron School District
Sebastian	Fort Smith	Fort Smith School District
Union	Junction City	Junction City School District



Each region listed above has a corresponding Local Lead organization. These leads are responsible for developing localized, comprehensive plans to ensure that children and families have access to high-quality ECCE programs and services in their communities.

The following pages provide region-specific details on district and county demographics, child care access, local lead plans, and a SWOT analysis informed by stakeholder feedback.

# Decatur, Springdale School Districts Benton and Washington Counties

**Local Lead Agency:** Child Care Aware of Northwest Arkansas

**Region Child Care Capacity:** 665

**Program Types and Capacity in Region**

- Child Care Centers: 620 capacity, 6 programs
- Early Intervention Day Treatment (EIDT): 35 capacity, 1 program
- Licensed Child Care Family Homes: 10 capacity, 1 program
- Number of Kindergarteners: 46
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 23.1%

**Benton County Data:**

- County Capacity: 16,677
- County Children ages 0–5: 23,585
- Child Care Gap: 29%
- Children financially eligible for CCDF: 4,477 (19%)
- Children eligible for Head Start and Early Head Start: 2,043 (9%)



**Local Lead Plan Information:** Child Care Aware of NWA is currently engaged with Child Care Aware, Home Visiting Network, Chamber of Commerce, Local Businesses, Local Healthcare System, Faith-Based Organizations, Local Governing Agencies, Philanthropic Organizations & Higher Education Institutions

Barriers to quality include time constraints, extensive paperwork, competing priorities, and confusion over recent changes to the ECCE system across the state. The lead emphasizes improving kindergarten readiness and bridging the gap between preschool and kindergarten. Goals to support families focus on addressing the shortage of infant and toddler care spots, the high cost of care, limited availability of non-traditional hours, long waitlists, and unequal access to high-quality ECCE programming.

# Benton County Regional SWOT Analysis

## Strengths

- Strong mix of center-based and school-linked programs.
- Licensing relationships generally positive.
- Some providers invest in staff benefits and training.
- Parents appreciate program quality and staff dedication.

## Weaknesses

- Staffing shortages remain a major barrier.
- Families cite long waitlists and limited infant/toddler slots.
- High cost of care stretches family budgets.
- Providers report burnout and struggle to retain qualified staff.

## Opportunities

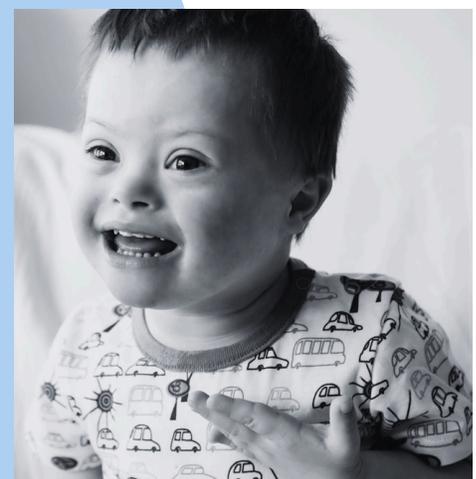
- Demand for alternative curricula, family engagement programs, and expanded PD.
- Potential for sub pools to support staffing shortages.
- Families want clearer communication and expanded options for nontraditional hours.
- Leads highlight partnerships with business and philanthropy as untapped.

## Threats

- Rising operational costs.
- Competition with K-12 for workforce.
- Families feel forced into unregulated care when slots are unavailable.
- Financial instability of providers without additional funding.

*"Sometimes [the cost of care] makes my family delayed in paying rent "*

*- Parent*



# Dermott & Lakeside School Districts

## Chicot County

**Local Lead Agency:** A-State Child Care Aware

**Region Child Care Capacity:** 626

**Program Types and Capacity in Region**

- Child Care Centers: 268 capacity, 10 programs
- Early Intervention Day Treatment (EIDT): 288 capacity, 2 programs
- Licensed Child Care Family Homes: 16 capacity, 1 program
- Number of Kindergarteners: 8
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 27.4%

**Chicot County Data:**

- County Capacity: 626
- County Children ages 0–5: 683
- Child Care Gap: 8%
- Children financially eligible for SRA: 157 (23%)
- Children eligible for Head Start and Early Head Start: 140 (20%)

**Local Lead Information:** A-State Child Care Aware is currently engaged with Child Care Aware, home visiting networks, chambers of commerce, local businesses, local healthcare systems, faith-based organizations, local governing agencies, philanthropic organizations, libraries, and higher education institutions.

Barriers to quality include time constraints, staffing shortages, challenging ratios, and competing priorities. The lead is focused on improving kindergarten readiness and notes that key goals for supporting families center on the shortage of infant and toddler care spots.



# Chicot County Regional SWOT Analysis

## Strengths

- Parents report high-quality programs with strong communication.
- Clear community interest in raising professional standards.

## Weaknesses

- Provider pay is low relative to qualifications.
- Families report major financial stress from cost of care.
- Staffing shortages create classroom strain.
- Providers cite insufficient funding and inconsistent support.

## Opportunities

- Potential to create stipends or incentives for programs that exceed quality standards.
- Interest in adopting research-based standards modeled on international best practices.
- Families are eager for solutions that balance affordability with staff retention.

## Threats

- Rising operational costs and tuition pressures.
- Ongoing workforce shortages limit enrollment capacity.
- Risk of families being forced into less convenient or lower-quality options due to cost.



# Hope School District

## Hempstead County

**Local Lead Agency:** Southwest Arkansas Education Cooperative

**Region Child Care Capacity:** 653

**Program Types and Capacity in Region**

- Child Care Centers: 537 capacity, 8 programs
- Early Intervention Day Treatment (EIDT): 116 capacity, 1 program
- Number of Kindergarteners: 176
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 35.7%

**Hempstead County Data**

- County Capacity: 653
- County Children ages 0–5: 1,522
- Child Care Gap: 57%
- Children financially eligible for CCDF: 572 (38%)
- Children eligible for Head Start and Early Head Start: 255 (17%)

**Local Lead Information:** Southwest Arkansas Education Cooperative is currently engaged with Child Care Aware, home visiting networks, local businesses, local healthcare systems, local governing agencies, and higher education institutions.

Barriers to quality include time constraints, challenging ratios, limited professional development, competing priorities, staffing shortages, and systemic confusion. The lead is focused on establishing a substitute teaching pool to support program operations. Key goals for supporting families include addressing the shortage of infant and toddler care spots, expanding full-day and non-traditional hours options, improving program quality, and enhancing transportation access.



# Genoa Central School District

## Miller County

**Local Lead Agency:** Southwest Arkansas Education Cooperative

**Region Child Care Capacity:** 653

**Program Types and Capacity in Region**

- Child Care Centers: 537 capacity, 8 programs
- Early Intervention Day Treatment (EIDT): 116 capacity, 1 program
- Number of Kindergarteners: 176
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 35.7%

**Hempstead County Data**

- County Capacity: 653
- County Children ages 0–5: 1,522
- Child Care Gap: 57%
- Children financially eligible for CCDF: 572 (38%)
- Children eligible for Head Start and Early Head Start: 255 (17%)

Local lead information and SWOT analysis is combined with Hope School District/ Hempstead County on pages 22 and 24.



# Hempstead/Miller Regional SWOT Analysis

## Strengths

- Providers report positive experiences with licensing.
- Some strong community involvement in school–child care partnerships.
- Parents express appreciation for individual teachers.
- Leads identify community awareness of the child care shortage.

## Weaknesses

- Severe staffing shortages; lack of substitutes makes operations fragile.
- High reliance on grants and fundraising for sustainability (especially for nonprofits).
- Lack of OT/PT/SLP therapies and early intervention resources.
- Inconsistent training access; background checks and onboarding are slow.
- Families report affordability challenges even with vouchers.

## Opportunities

- Interest in Conscious Discipline and behavior management training statewide.
- Desire for community sub-pools to support staffing absences.
- More professional development opportunities requested (especially summer).
- Families and providers alike want greater teacher involvement in state-level decisions.
- Leads suggest stronger collaboration with businesses and community organizations.

## Threats

- Unequal funding distribution across providers.
- Reliance on unstable fundraising creates financial risk.
- Staff turnover reduces consistency of care.
- Parents feel systemic under-support of teachers trickles down to families.

***“We have two bookkeepers, when we have to bill for vouchers it takes forever. Sometimes we get one for one sibling and not the other. Sometimes it’s paid right away, sometimes there is a wait, and sometimes it’s not accurately paid.”***

***– Child Care Provider***



# Blytheville School District

## Mississippi County

**Local Lead Agency:** Mississippi County Economic Opportunity Commission (EOC)

**Region Child Care Capacity:** 1,220

**Program Types and Capacity in Region:**

- Child Care Centers: 988 capacity, 11 programs
- Early Intervention Day Treatment (EIDT): 206 capacity, 2 programs
- Licensed Family Home: 26 capacity, 2 programs
- Number of Kindergarteners: 107
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 4.6%

**Mississippi County Data**

- County Capacity: 2,687
- County Children ages 0–5: 3,477
- Child Care Gap: 23%
- Children financially eligible for CCDF: 1,283 (37%)
- Children eligible for Head Start and Early Head Start: 892 (26%)

**Local Lead Information:** Mississippi County EOC is currently engaged with Child Care Aware, home visiting networks, chamber of commerce, local businesses, faith-based organizations and libraries.

Barriers to quality include time constraints, administrative paperwork, and limited professional development opportunities, particularly in-person training. The lead is focused on enhancing school readiness. Key goals for supporting families center on addressing the shortage of infant and toddler care spots.



# Mississippi County Regional

## SWOT Analysis

### Strengths

- High-quality programs recognized and appreciated by parents.
- Strong, in-person communication between staff and parents, fostering trust and family engagement.
- Leadership demonstrates commitment to improving staff skills and overall program quality.
- Interest in extending training to families, strengthening adult-child interactions.

### Weaknesses

- Staff time constraints limit the ability to provide additional services or individualized support.
- Paperwork requirements create administrative burden.
- Limited availability of in-person professional development opportunities for staff and families.

### Opportunities

- Expand face-to-face professional development for staff and families to enhance instructional quality.
- Develop programs or workshops that involve families in literacy, numeracy, and critical thinking skill-building.
- Explore partnerships or funding to reduce administrative burdens and free staff time for direct child engagement.

### Threats

- Without sufficient professional development and support, staff may struggle to maintain high-quality interactions.
- Time constraints could limit the program's ability to implement new strategies or training initiatives.



*"I took into consideration what was offered, the location, the personality of the teachers, and how my child felt about the program."*

*- Parent*

# Brinkley School District

## Monroe County

**Local Lead Agency:** Clarendon School District

**Region Child Care Capacity:** 319

**Program Types and Capacity in Region:**

- Child Care Centers: 250 capacity, 6 programs
- Early Intervention Day Treatment (EIDT): 50 capacity, 1 program
- Licensed Child Care Family Home: 19 capacity, 2 programs
- Number of Kindergarteners: 33
- Free/Reduced Lunch (FPL): 94%
- Grade-Level Reading (GLR): 19.4%

**Monroe County Data**

- County Capacity: 319
- County Children ages 0–5: 497
- Child Care Gap: 36%
- Children financially eligible for SRA: 292 (59%)
- Children eligible for Head Start and Early Head Start: 197 (40%)



**Local Lead Information:** Clarendon School District is currently engaged with home visiting networks, the chamber of commerce, local businesses, local healthcare systems, philanthropic organizations, libraries and elementary schools.

The lead is focused on providing KidConnect to the community, offering professional development with an emphasis on leadership, and maintaining a substitute teaching pool.

# Monroe County Regional SWOT Analysis

## Strengths

- Close-knit provider network with strong personal commitment to children.
- Families value strong teacher relationships.

## Weaknesses

- Providers cite inadequate pay and benefits.
- Families report affordability challenges and lack of local options.

## Opportunities

- Interest in developing stipends or incentives for rural programs.
- Potential for shared services or cross-county solutions.
- Parents eager for more structured and affordable local child care.

## Threats

- Small population base makes program sustainability difficult.
- Out-migration of families due to lack of local services.
- High risk of closure for small providers without additional support.



***"At present, [ECCE] is treated like a daycare - the feeling is that Kindergarten is real school, but if we started earlier we wouldn't have issues in K-1."***

***- Child Care Provider***



# Deer/Mt. Judea School District

## Newton County

### Local Lead Agency: Ozarks Unlimited Resources

Education Service Cooperative

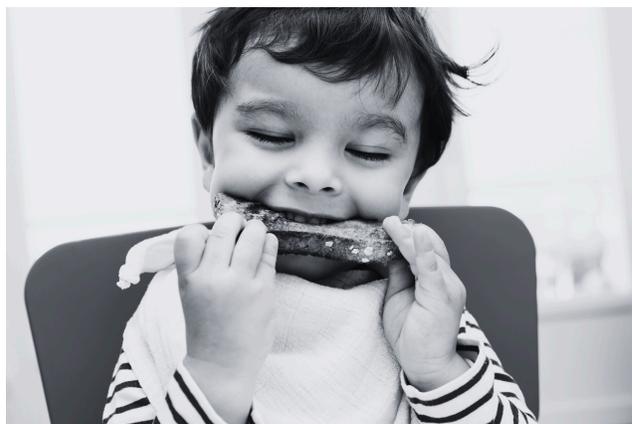
**Region Child Care Capacity: 226**

### Program Types and Capacity in Region:

- Child Care Centers: 211 capacity, 7 programs
- Early Intervention Day Treatment (EIDT): 15 capacity, 1 program
- Number of Kindergarteners: 79
- Free/Reduced Lunch (FPL): 100%
- Grade-Level Reading (GLR): 36.2%

### Newton County Data

- County Capacity: 226
- County Children ages 0–5: 368
- Child Care Gap: 39%
- Children financially eligible for SRA: 179 (49%)
- Children eligible for Head Start and Early Head Start: 124 (34%)



**Local Lead Information:** Ozarks Unlimited Resources Education Service Cooperative is currently engaged with Child Care Aware, home visiting networks, chamber of commerce, local businesses, local healthcare systems, faith-based organizations, local governing agencies, philanthropic organizations, libraries and higher education institutions.

Barriers to quality include time constraints, paperwork, competing priorities, system confusion, and a lack of financial incentives to achieve ratings above four stars. The lead is focused on coordinating shared resources for families.

# Newton County Regional SWOT Analysis

## Strengths

- Strong community ties and dedicated staff.
- Families highly value the providers that are available.

## Weaknesses

- Child care options extremely limited.
- Providers struggle with low pay, high turnover, and long commutes for training.
- Parents report lack of consistent options for infants/toddlers.

## Opportunities

- Potential for community fund to directly stabilize rural programs.
- Families eager for more accessible care and affordable options.
- Shared services could support isolated providers.

## Threats

- Very high risk of program loss due to fragile infrastructure.
- Families feel forced to rely on informal care.
- Recruitment/retention of staff nearly impossible without pay reform.



***“Educators need additional help; it's a thankless job. Add helpers in the classroom. I understand ratio, but adding helpers would be better for 1-on-1 and so no one is being overlooked.”***

***- Parent***

# Little Rock School District

## Pulaski County

**Local Lead Agency:** City of Little Rock

**Region Child Care Capacity:** 28,206

**Program Types and Capacity in Region:**

- Child Care Centers: 19,485 capacity, 147 programs
- Early Intervention Day Treatment (EIDT): 2,604 capacity, 15 programs
- Licensed Child Care Family Home: 72 capacity, 6 programs
- Registered Child Care Family Home: 5 capacity, 1 program
- Number of Kindergarteners: 1,526
- Free/Reduced Lunch (FPL): 78.2%
- Grade-Level Reading (GLR): 33.8%

**Pulaski County Data**

- County Capacity: 31,820
- County Children ages 0–5: 29,614
- Child Care Gap: No gap, meeting 107% of need
- Children financially eligible for SRA: 8,230 (28%)
- Children eligible for Head Start and Early Head Start: 5,129 (17%)



**Local Lead Information:** The city of Little Rock is currently engaged with Child Care Aware, the chamber of commerce, local healthcare systems, local governing agencies, philanthropic organizations, libraries, and higher education institutions.

Barriers to quality include paperwork, staffing ratios, and system confusion. The lead is focused on providing a local child care finder to assist parents. Goals to support families center on the lack of infant care spots, high cost of care, limited full-day options, and long child care waitlists.



# Pulaski County Regional SWOT Analysis

## Strengths

- Providers report good licensing relationships.
- Many programs offer staff benefits.
- Parents report strong family engagement and communication in many centers.
- Leads highlight supportive city infrastructure and motivated providers.

## Weaknesses

- Waitlists are common; access remains limited.
- Staffing shortages and turnover consistently disrupt care.
- Families cite affordability as a barrier, even with vouchers.
- Parents want better communication and transparency between schools and centers.
- Paperwork and subsidy processes remain cumbersome.

## Opportunities

- High demand for behavioral supports, inclusive practices, and stronger family partnerships.
- Expansion of professional development, especially in Spanish and on behavioral supports.
- Calls for improved transitions to elementary school and partnerships between centers and schools.
- Providers want more flexible curriculum options (not limited to state lists).
- Leads note opportunities for cross-sector collaboration, especially with school districts.

## Threats

- Rising costs for both families and providers.
- Families often rely on piecemeal care due to regulated spot shortages.
- Lack of transparency around public school expansion of early childhood could undercut private providers.
- Risk of losing qualified teachers to higher-paying fields.

***"I get off at 5:00, care goes until 5:30. I only accept jobs to accommodate those hours, don't even want to think about [not having after school care available]."***

***-Parent***



# Waldron School District

## Scott County

**Local Lead Agency:** University of AR Fort Worth

### Scott County Data

**Region Child Care Capacity:** 387

**Program Types and Capacity in Region:**

- Child Care Centers: 387 capacity, 3 programs
- Number of Kindergarteners: 83
- Free/Reduced Lunch (FPL): 71.3%
- Grade-Level Reading (GLR): 30.1%

- County Capacity: 387
- County Children ages 0–5: 583
- Child Care Gap: 34%
- Children financially eligible for SRA: 186 (32%)
- Children eligible for Head Start and Early Head Start: 31 (5%)

**Local Lead Information:** The University of AR Fort Worth is currently engaged with Child Care Aware and higher education institutions.

Barriers to quality include time constraints, limited professional development, competing priorities, and staff shortages. The lead has identified goals to support families and a focus on the lack of infant and toddler care spots.



# Scott County Regional SWOT Analysis

## Strengths

- Committed leadership focused on improving staff development and program quality.
- Awareness of gaps and proactive about identifying needs for licensing compliance and facility improvements.
- Strong understanding of what resources would improve outcomes (training, staff incentives, enrollment support).
- Open to implementing strategies for staff retention and quality improvement.

## Weaknesses

- Staffing shortages and difficulty retaining employees due to low pay.
- Limited enrollment due to low-income community and marketing challenges.
- Providers need support for marketing to parents
- Lack of access to specialized staff (infant mental health, disabilities, developmental delays).

## Opportunities

- Professional development, on-site training, and enrollment support could increase program capacity and quality.
- Access to centralized enrollment systems and sub pools could reduce staffing gaps and improve continuity of care.
- Community partnerships or grant programs could expand family access and increase enrollment.

## Threats

- Low-income community limits families' ability to pay, which constrains revenue.
- Waitlists indicate unmet demand, which could push families to alternative or unregulated care.
- Competition for qualified staff with other sectors and programs.
- Limited financial resources create ongoing risk of staff turnover and program instability.



*"I believe my community does value those providing care, but sometimes it doesn't show enough in terms of support, recognition, or fair compensation. Because they play such an important role, and it's crucial that their work is appreciated."*

*- Parent*

# Fort Smith School District

## Sebastian County

**Local Lead Agency:** University of AR Fort Worth

**Region Child Care Capacity:** 6,533

**Program Types and Capacity in Region:**

- Child Care Centers: 6,039 capacity, 61 programs
- Early Intervention Day Treatment (EIDT): 442 capacity, 2 program
- Licensed Child Care Family Home: 52 capacity, 4 programs
- Number of Kindergarteners: 976
- Free/Reduced Lunch (FPL): 72.5%
- Grade-Level Reading (GLR): 33.3%

**Sebastian County Data**

- County Capacity: 6,533
- County Children ages 0–5: 9,580
- Child Care Gap: 32%
- Children financially eligible for SRA: 3,140 (33%)
- Children eligible for Head Start and Early Head Start: 1,700 (18%)



**Local Lead Information (Same as Waldron School District on p. 33):**

The University of AR Fort Worth is currently engaged with Child Care Aware and higher education institutions.

Barriers to quality include time constraints, limited professional development, competing priorities, and staffing shortages. The lead has identified that supporting families primarily involves addressing the shortage of infant and toddler care spots.

# Sebastian County Regional SWOT Analysis

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Positive experiences with licensing and vouchers.</li> <li>• Many providers offer employee benefits (9 of 12).</li> <li>• Educators report high job satisfaction and enjoy peer relationships.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Staffing shortages: 7 of 9 programs report needing more staff.</li> <li>• Long waitlists (7 of 12 centers at capacity).</li> <li>• Limited access to professional development and applicable training.</li> <li>• Providers lack resources for behavioral/developmental challenges.</li> <li>• Parents cite staffing turnover, limited space in summer, and weak communication.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Demand for alternative curriculum aligned with Arkansas standards.</li> <li>• Interest in sub-pool staffing models.</li> <li>• Strong desire for director training and career development for ECE staff.</li> <li>• Parents want improved communication and more accessible summer programs.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Rising costs for families and providers.</li> <li>• Challenges balancing staff pay with family affordability.</li> <li>• Shortages of therapy slots for children needing early intervention.</li> <li>• Inconsistent staffing undermines program stability.</li> </ul>

***"As a small capacity non-profit, we have very little room to overstaff enough to not need substitutes for absences. While administration often steps in, we would prefer to have options to call a sub-pool to ensure operations continue to run smoothly."***

***– Child Care Provider***



# Junction City School District

## Union County

**Local Lead Agency:** South Central AR Education Cooperative

**Region Child Care Capacity:** 57

**Program Types and Capacity in Region:**

- Child Care Centers: 57 capacity, 1 program
- Number of Kindergarteners: 42
- Free/Reduced Lunch (FPL): 69.1%
- Grade-Level Reading (GLR): 25.9%

**Union County Data**

- County Capacity: 1,918
- County Children ages 0–5: 624
- Child Care Gap: 27%
- Children financially eligible for CCDF: 1,013 (39%)
- Children eligible for Head Start and Early Head Start: 818 (31%)



**Local Lead Information:** South Central AR Education Cooperative is currently engaged with Child Care Aware, home visiting networks, the chamber of commerce, local businesses, local governing agencies, philanthropic organizations, libraries, and higher education institutions.

Barriers to quality include time constraints, paperwork, ratios, staff mental health, and staffing shortages. The lead is focused on a Mission Early Childhood campaign to highlight the importance of early childhood education. Goals to support families center on addressing the shortage of infant and toddler spots, limited full-day and non-traditional hours care, and improving program quality.

# Union County Regional SWOT Analysis

<b>Strengths</b> <ul style="list-style-type: none"><li>• Providers committed to community and families.</li><li>• Parents express trust in current providers despite challenges.</li></ul>	<b>Weaknesses</b> <ul style="list-style-type: none"><li>• Workforce shortages limit classroom stability.</li><li>• Families report difficulty affording care.</li><li>• Providers lack consistent training access.</li></ul>
<b>Opportunities</b> <ul style="list-style-type: none"><li>• Parents interested in more affordable options and better summer care.</li><li>• Community willing to consider joint efforts to stabilize programs.</li><li>• Leads highlight potential for school-child care collaboration.</li></ul>	<b>Threats</b> <ul style="list-style-type: none"><li>• Cost pressures on both families and providers.</li><li>• Shortages of behavioral/therapeutic support services.</li><li>• Program closures would leave families without options.</li></ul>



*"I've had good experiences with individual teachers, but sometimes I feel like the system doesn't support them enough, and that trickles down to the families."*

*– Parent*

# Springdale School District

## Washington County

**Local Lead Agency:** Washington County Collaborative

**Region Child Care Capacity:** 7,378

**Program Types and Capacity in Region**

- Child Care Centers: 5,045 capacity, 50 programs
- Early Intervention Day Treatment (EIDT): 367 capacity, 3 programs
- Licensed Child Care Family Homes: 20 capacity, 2 programs
- Out of School Time: 1,946 capacity, 8 programs
- Number of Kindergarteners: 1,519
- Free/Reduced Lunch (FPL): 72.8%
- Grade-Level Reading (GLR): 28.7%

**Chicot County Data:**

- County Capacity: 12,524
- County Children ages 0–5: 130
- Child Care Gap: 35%
- Children financially eligible for SRA: 5,020 (62%)
- Children eligible for Head Start and Early Head Start: 2,348 (29%)

**Local Lead Information:** The Washington County Collaborative is currently engaged with Child Care Aware, home visiting networks, the chamber of commerce, philanthropic organizations, libraries and higher education institutions.

Barriers to quality include time constraints, staffing ratios, competing priorities, and system confusion. The lead is focused on improving grade-level reading scores. Goals to support families emphasize addressing the shortage of infant and toddler care spots and improving program quality.



# Washington County

## Regional SWOT Analysis

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Strong community-based networks, philanthropy groups, and cultural partners (Marshallese, Latinx).</li> <li>• Providers report positive licensing relationships.</li> <li>• Parents generally rate programs as high-quality.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Long waitlists across programs.</li> <li>• Providers struggle with workforce shortages, especially losing staff to K-12.</li> <li>• Families cite affordability as a top issue; many have never accessed vouchers.</li> <li>• Parents raise concerns about staffing shortages impacting quality.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Interest in universal child care access and alignment between federal/state programs.</li> <li>• Demand for afterschool and out-of-school time programming.</li> <li>• Families want better meal options, improved communication, and expanded hours.</li> <li>• Leads see opportunities for sustainable reforms and universal access.</li> <li>• Providers want more networking, professional development, and staff support.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Rising operational costs and low ECE wages.</li> <li>• Families struggle to save or meet household expenses due to child care costs.</li> <li>• Voucher system complexity and misalignment creates barriers for families and providers.</li> <li>• Risk of losing programs if funding doesn't increase.</li> </ul>

***"I believe that increasing public funding for early childhood education is essential. This would help stabilize existing programs and make high-quality care more affordable for families, allowing more children to benefit from early learning experiences."***

**- Parent**

Feedback from stakeholders within each community revealed several common themes. These aggregated themes are categorized by stakeholder type: parents, providers, and local leads.

## Parent Feedback Themes

Across all meetings, parents consistently emphasized their appreciation for compassionate, consistent, and attentive educators who provide academic, social, and emotional support, as well as assistance with mental health, finances, and access to community resources. Programs that demonstrate cultural responsiveness, individualized learning, and strong family engagement were highlighted as high-quality.



Key factors influencing program selection included proximity, cost, hours of operation, program reputation, and availability of specialized supports such as therapies, autism services, and Early Intervention programs. Participants valued flexible scheduling, communication with providers, and options that accommodate work schedules, including aftercare and summer care. Challenges consistently reported included long waitlists, high costs, limited access to subsidies, transportation barriers, and difficulty securing care outside traditional hours. Families described creative solutions such as leaning on family, friends, neighbors, though these options were not always reliable.

Funding and compensation emerged as critical issues for both families and providers. Parents noted that providers are often underpaid and undervalued despite their essential role, with limited funding impacting program quality, staff retention, and availability of care. Participants also highlighted administrative challenges, including extensive paperwork, inconsistent enrollment processes, and the need for digital tools to streamline communication and management.

Parents emphasized that quality programs combine well-trained and caring staff with safe, structured environments, attention to individual child development, manageable class sizes, nutritious meals, and opportunities for family engagement. Desired improvements included expanded hours, increased access to subsidies and vouchers, more training for staff on supporting children who have disabilities and developmental delays, child psychology, enhanced parent involvement, multiple meal options, and more equitable access to care for families across income levels.

Overall, discussions reinforced the importance of accessible, affordable, and high-quality early childhood programs that support children, families, and educators alike. Participants called for policies and resources that strengthen program sustainability, ensure fair compensation for staff, and provide consistent, culturally responsive, and individualized care for all children in Arkansas.

## Social Media Parent Groups

Although somewhat unconventional, a review of Arkansas parent groups on social media offered valuable context on families' needs in Arkansas. Within these groups we found that many families in Arkansas are delaying or limiting having children due to the high cost of child care and overall living expenses, with some intentionally spacing children until the oldest is in school. Families just above eligibility thresholds struggle to afford care, often relying on budgeting strategies, family/friend care, or community programs, while they noted that vouchers are limited, slow, and hard to access. Waitlists for child care are common, leading some parents to take time off work or seek alternative programs. Parents express concerns about child behavior management, quality of care, and safety, while access to therapies and supportive programs is uneven, contributing to very high stress, particularly for single mothers and families facing challenging circumstances.

***"K-12 has lots of support; ECCE doesn't have as much opportunity. There's no social-emotional training and behavior intervention. [It] shocked me to see the lack of support."***

***- Local Lead***

## ECCE Program Feedback

Providers across Arkansas shared a commitment to children and families, with many noting strong partnerships with local leads, schools, libraries, and community organizations, though collaborative projects beyond basic support remain limited. Providers emphasized the critical importance of accessible funding, especially for vouchers, which are often delayed, inconsistent, or capped by eligibility requirements, creating barriers for families and financial strain for programs. Waitlists are particularly acute for infants and toddlers, reflecting high demand and limited capacity.

Administrative burdens remain significant, with slow, confusing, and disconnected portals and duplicated paperwork requirements. Staff retention is a persistent concern, exacerbated by low wages, limited benefits, high workloads, and burnout. Providers noted the need for more professional development, better training on inclusive supports for children displaying challenging behaviors, and access to tools for monitoring child outcomes. Out of school time programs expressed frustration with following child care licensing when it did not reflect their programming reality, as well as unrealistic director qualifications.

Quality programs were defined as those with well-trained, compassionate staff, low child-to-staff ratios, safe and nurturing environments, and enrichment activities. Providers recommended increasing pay and benefits, enhancing training opportunities, and offering more summer or flexible professional development.

They emphasized the need for equitable funding allocation, improved communication with the state, and streamlined licensing and background check processes. Several providers also highlighted challenges with an overly complex quality rating and improvement system and subsidy program requirements and eligibility, citing additional confusion over CLASS observations, curriculum mandates, and eligibility limits for families.

Success in early care and education was seen as dependent on strong family partnerships, responsive support for children with behavioral or developmental challenges, and consistent engagement with the community. Providers advocated for more inclusive practices, accessible resources for families, and programs that can respond quickly to children’s developmental needs. Overall, funding, staff support, professional development, and stronger partnerships with families, schools, and state agencies were cited as essential to sustaining high-quality early childhood care across Arkansas.

### **Local Lead Feedback**

Local leads described a successful, high-quality ECCE program as one that fosters a warm, welcoming environment for children, families, and staff, where relationships are strong, children thrive, and staff are well-qualified, supported, and retained. Indicators of quality include low staff-to-child ratios, consistent communication with families, joyful and engaging learning environments, and a sense of trust and safety. Achieving this requires sufficient funding to pay living wages and provide benefits, administrative support for business operations and compliance, access to high-quality professional development in social-emotional learning, behavior management, and early intervention, and adequate facilities to meet demand, particularly for infants and toddlers.



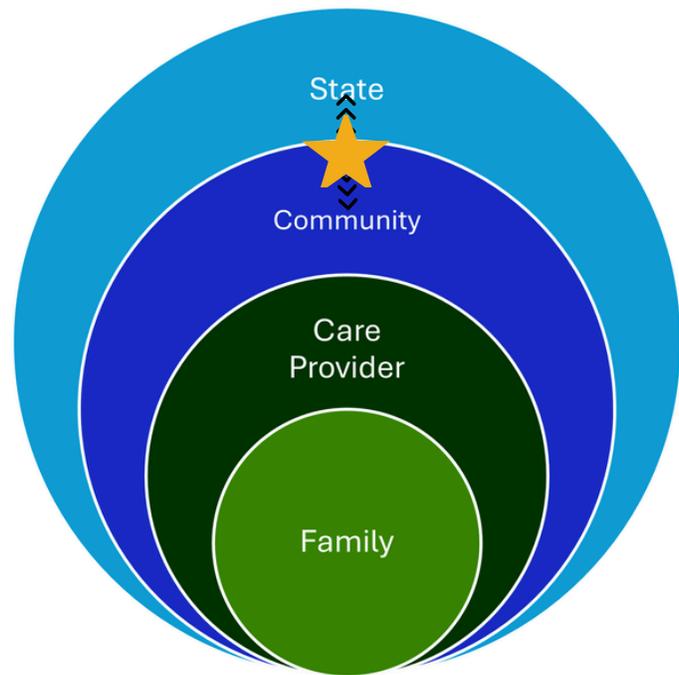
Leads feel programs face significant challenges including staffing shortages, low wages, voucher waitlists, inconsistent or delayed payments, fragmented administrative systems, and barriers for children with disabilities or developmental delays. Rural areas face unique challenges with poverty and its impact on children and families, linguistic differences, and variable quality. Promising practices include coaching and accreditation support, TEACH and CDA programs to support workforce development, and collaborative networks that reduce provider isolation and strengthen family access. Immediate strategies focus on improving the quality and sustainability of existing programs rather than building new facilities, strengthening provider business and administrative capacity, and streamlining state systems to improve communication and efficiency. Long-term priorities include increasing funding to retain qualified staff, expanding professional development opportunities, promoting equity and access for all families, providing technology and data systems

## Local Lead Convening

Local leads play a key role and are often the connector between the state and ECCE programs, as seen in Figure 8. In being a connector, local leads have unique perspectives on the various levels of the interconnected ECCE system - in their communities and statewide.

In November 2025, 25 of the 26 local leads convened over two days to discuss findings and identify opportunities at the regional and state levels. As a collective group, local leads completed a SWOT analysis activity and, to account for their multiple perspectives, two distinct analyses emerged demonstrating their unique position in the state’s ECCE system.

**Figure 8: Levels within interconnected ECCE System: Local lead bi-directional role**



## Local Lead SWOT Analysis: Community Focus

### Strengths

- Deep relationships, trust and collaboration with providers and community leaders.
- Robust professional development and CLASS capacity.
- Direct provider support.
- Data collection using multiple strategies for Child Count.
- Leadership qualities demonstrate resilience, compassion, collaboration, and honesty.

### Opportunities

- Growing community momentum around ECCE.
- Provider engagement and empowerment through CLASS and professional development.
- Workforce development and other cross-sector partnerships.
- Advocacy potential around policy, funding, and narrative change due to strong relationships and established networks.

### Weaknesses

- Capacity and workload strain leading to burnout risks.
- Complex ECCE system to navigate.
- Transition planning and processes in communities.

### Threats

- Funding instability (state budget shortfalls, SRA cuts).
- Workforce shortages and low wages in ECCE programs.
- Provider stress and burnout.
- Rural access and resource disparities (e.g., workforce, professional development).
- Consistent, ongoing, two-way communication with ECCE programs.

# Local Lead SWOT Analysis: Statewide System Focus

## Strengths

- Common purpose as a collective – centering children, family, provider, and community needs.
- Strong relationships within local lead network, with ADE, and other statewide organizations.
- Complementary skills and areas of expertise.

## Opportunities

- Asset mapping.
- Formalize a local lead workgroup structure to address specific issues/topics.
- Schedule and facilitate regular local lead convenings.
- Support facilitation strategies for community conversations.
- Create process for partnering with K-12 systems leaders to support transitions.
- Workforce development and other cross-sector partnerships.
- Advocacy potential around policy, funding, and narrative change due to strong relationships and established networks.

## Weaknesses

- Complex system navigation across counties and agencies.
- Accessible and consistent resources for specific topics (e.g., supporting the transition process for children with disabilities and developmental delays).
- Knowledge of regional assets.

## Threats

- Local lead stress and burnout.
- Consistent, ongoing two-way communication with ADE.
- Time.
- Buy-in for transition planning process from ECE and K-12 partners.
- Medical field engagement, particularly with screening and sharing resources.

## Quotes from Local Leads

***“I need to dig deeper on my own to understand our story and what needs we really do have...what is our story?”***

***“I need more information like this to help us drive our plan.”***

***“I need more conversations like this to keep [ECCE] programs moving forward.”***

***“I need a team to lift and gather information to improve my decision-making.”***

# Recommendations and Opportunities

## Shared Services Networks

Recent changes in ECCE programs have often added confusion and extra administrative work. Without complete information and guidance, providers are struggling to complete required administrative tasks timely, causing stress for both programs and families. Reviews of several local lead plans identified time constraints, paperwork, competing priorities, and system confusion as the primary barriers to maintaining high-quality ECCE programs.

Shared Services Networks can help address these challenges by streamlining administrative tasks, improving accuracy and efficiency, and reducing costs. Components of shared services networks that align most closely with the challenges identified through focus groups and surveys include:

- **Shared purchasing** – Many child care providers noted rising costs of goods and services, stretching margins and driving up the price of care. Purchasing common items in bulk among programs can reduce costs, save time, and cut down on packaging. Parents also expressed a desire for healthier meals. Shared purchasing can lower the cost of nutrient-dense foods, and connections to local farmers or food hubs—coupled with shared delivery systems—can make serving local, whole foods more feasible while saving staff time.

*“We could use support for our staff in the professional development that is applicable to us and counts toward our PDR credits. We also are seeing a lot of behavior and developmental issues that we don't have the resources to handle. It would be nice to have someone that could be a resource and help.”*

*– Child Care Provider*

*“Business administration is a challenge for a lot of small providers. It's a time and capacity/proficiency thing. One solution would be some kind of shared services back office support and helping build that capacity among providers. They ask for help with “the paperwork.” They feel like they're having to learn a new language to get all the business stuff done.”*

*-Local Lead*

- **Back-office support and Child Care Management System (CCMS)** – ECCE programs and local leads highlighted that administrative time is limited, particularly amid the ongoing staffing crisis. A CCMS supports online billing, accounting, document organization, and cloud-based access for parents and staff. CCMS use also enables a third-party back-office unit to complete tasks remotely for multiple programs. HR, marketing, billing, and accounting can be handled efficiently by experienced professionals, freeing time for supporting staff and improving program quality.

In Arkansas, the CCMS Brightwheel currently serves approximately 400 providers, roughly 20% of the state’s licensed programs. Participation is expected to grow with the CCMS-aligned business coaching initiative launching in 2026, which will offer 100 paid licenses and allow existing users to participate.

- **Business coaching** – While child care leaders, directors, owners, and family home providers often have deep expertise in child development, many have less experience in business practices. Child care programs are small businesses, and with tight margins and rising costs, every dollar counts. Business coaching can improve financial wellness, potentially freeing revenue for quality programming, retirement contributions or reducing costs for families.
- **Shared substitute teacher pools** – Staffing shortages were the most frequently cited challenge by local leads, parents, and providers. Smaller programs often struggle to provide enough hours to retain substitutes. Shared substitute pools can provide access to professional educators when needed. Logistics, including background checks and qualifications, should be collaboratively negotiated with licensing, and wages or benefits should be subsidized by the network to ensure sustainability. Local leads have expressed interest in this approach; with adequate grant funding, it could significantly improve staffing, educator wellbeing, and access to care.
- **Shared professional development** – Providers expressed a strong desire for additional professional development, accessible in multiple languages, especially Spanish. High-need topics include social-emotional development, classroom management, and inclusion practices. In focus groups, parents often worried that ECCE programs didn’t have access to proper emergency preparedness training. Shared services networks can easily engage local police and fire fighters to assist in up-to-date guidance in these areas. Many providers and parents alike mentioned the desire for collective learning through a multi-generational model in which ECCE providers as well as parents and grandparents all learn the same techniques and concepts to best support children. Across a network, experts in these and other areas could be leveraged to ensure all educators receive the training necessary to serve children and families effectively.
- **Advocacy** – Shared services provide an opportunity for small child care businesses to have a larger voice. There are strong examples across the U.S. in which networks have been able to push forward policies due to the scale of their collective voice.

Shared services, including back-office support, connected food systems, CCMS, substitute teacher pools and professional development, are especially valuable in rural areas. The network helps providers stay connected, access resources and maintain program quality despite geographic isolation. In regions experiencing staffing shortages, waitlists, and rising costs, shared services offer a scalable, community-driven solution that strengthens both providers and families.

## **Systematic Issues and Opportunities Impacting Families and ECCE Programs**

There is undoubtedly a connection between the ECCE system and the experiences shared by providers and families. It is critical to include opportunities that influence the delicate system. Key players in ECCE noted the following issues at the state and community levels of the system (introduced in Figure 1 on p. 3).

### **State:**

- Policy and funding misalignment between programs (child care, Home Visiting, ABC Programs, EIDT etc.)
- Lack of communication or misinformation across systems
- Lack of networking and collaborating and local and state level as well as across systems and services
- Lack of data due to inconsistent data entry, systems, and supports
- Siloed focus on ECCE, K-12, and families rather than a 2Gen or multi-generational approach
- Non-inclusive practices for children with disabilities

### **Community:**

- Lack of or uncoordinated transportation for families and the workforce
- Disconnect or tension between ECCE and K-12 schools
- Siloed focus on ECCE, K-12, and families rather than a holistic, multigenerational approach
- Non-inclusive practices for children who have unique needs such as challenging behaviors and developmental delays



***“I had a provider ask where do I go to get all this information? Unfortunately, [the state] just creates a new website every time they do something new. I’m trying to bring things together to make it easier but it’s a lot.”***

***- Local Lead***

Focus group participants shared ideas to alleviate the systemic issues across communities and the state. The following innovative solutions were mentioned:

- Reviewing policies across all ECCE programs and engaging in cost modeling efforts to understand the true cost of care and the impact on the current system
- Centralized state and local communication that is predictable, reliable, and consistent
- Opportunities to network with local partners, across a variety of sectors, and with state agencies
- Implement a consistent and easy-to-use data system across all ECCE programs
- Provide learning opportunities for those who work with children and their families
- Pilot inclusive programs with appropriate supports for children, parents, and providers
- Review existing transportation routes (buses, vans, etc.); consider how to utilize unused services
- Coordinate wrap-around care across various programs and settings

## Conclusion

Forward Arkansas has the opportunity to promote a coordinated and unified ECCE system by advancing cross-sector leadership, sharing trusted information, building community-centered, public-private partnerships, and advocating for policies and investments that help families and the programs that serve them.



Unfortunately, chronic underinvestment and fragmentation in ECCE programs have fostered a culture of scarcity, resulting in uncoordinated and siloed advocacy, policies, and funding. The sector is eager for a structure that supports coordination, collaboration, and accountability.

There is now a collective sense of urgency to pursue solutions that will allow Arkansas to achieve better outcomes for children, families, and communities. With the foundational work well underway, the state and its partners are well-positioned to take the next steps in reforming and considering financing options for state programs and investments for children, families, and communities.

In order to create conditions to ensure all children have access to ECCE programs, partnerships at every level of the system in Figure 1 (see p. 3) must be established and maintained. Figure 8 on the next page highlights the categories of key partnerships, philanthropy, state agencies and executive leadership, advocacy and communities, who must build trust, understand and complement one another's roles, collectively build a policy advocacy agenda and implementation plan, and evaluate the plan and activities over time to ensure progress.

**Figure 9: Key partnerships to ensure all children and families have access to quality ECCE**



Together, with coordination across all partners, there is an opportunity to transform Arkansas’s policies and funding structures to ensure that all children and families have access to the resources, opportunities, and support they need to thrive. Depending on the collective goals that will ideally be co-designed with all system partners, activities may include

- Asset mapping at local and state levels
- Developing a strategic communication campaign around narrative change in ECCE
- Elevating local coalitions, grassroots advocacy, and community innovations
- Convening and communicating at local and state levels across all ECCE programs and adjacent sectors
- Identifying non-policy and finance-related opportunities at local and state levels as short-term wins
- Developing a state-level policy agenda that centers children and families

The solution of building a statewide community-centered, public-private partnership is grounded in focus group discussions and built from work in other states. By intentionally aligning partners, policies, and community voices, the state can build a coordinated system that not only responds to the needs of children and families today but also lays the foundation for long-term impact. This collective approach, anchored in shared vision, authentic engagement, and data-informed decision-making, positions Arkansas to become a national model for how community-centered, public-private collaboration can drive meaningful change for every child, family, and community in the state.

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# Appendix A: Local Lead Analysis

Local Leads Engaged With											
Community Partner	Clarendon School District	Little Rock	Benton	Miller, Genoa Central School District	Union, Junction City	Scott, Waldron School District & Sebastian, Fort Smith School District	Washington, Decatur, Springdale	Mississippi CO EOC	A State CCA	Newton, Deer/Mt. Judea School District	TOTAL
Child Care Aware		1	1	1	1	1	1	1	1	1	9
Home Visiting Network	1		1	1	1		1	1	1	1	8
Chamber of Commerce	1	1	1		1		1	1	1	1	8
Local Businesses	1		1	1	1			1	1	1	7
Local Healthcare System (e.g., hospitals)	1	1	1	1					1	1	6
Faith-Based Organizations			1					1	1	1	4
Local Governing Agencies (e.g., mayor's office, city council)		1	1	1	1				1	1	6
Philanthropic Organizations	1	1	1		1		1		1	1	7
Libraries	1	1			1		1	1	1	1	7
Higher Education Institutions		1	1	1	1	1	1		1	1	8
Other:	Elementary Schools										
<b>TOTAL</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>10</b>	<b>10</b>	

	Barriers to Quality										
	Clarendon School District	Little Rock	Benton Co.	Miller, Genoa Central School District	Union, Junction City	Scott, Waldron School District & Sebastian, Fort Smith School District	Washington, Decatur, Springdale	Mississippi CO EOC	A State CCA	Newton, Deer/Mt. Judea School District	TOTAL
Time constraint			1	1	1	1	1	1	1	1	8
Paperwork		1	1		1			1		1	5
Ratios		1		1	1		1		1		5
PD				1		1		1			3
Competing priorities			1	1		1	1		1	1	6
Confusion		1	1	1			1			1	5

	Supporting Families										
	Clarendon School District	Little Rock	Benton Co.	Miller, Genoa Central School District	Union, Junction City	Scott, Waldron School District & Sebastian, Fort Smith School District	Washington, Decatur, Springdale	Mississippi CO EOC	A State CCA	Newton, Deer/Mt. Judea School District	TOTAL
Goal											
infant spots		1	1	1	1	1	1	1	1	1	8
toddler spots			1	1	1	1	1	1	1	1	7
desert											0
cost		1	1								2
full day options				1	1						2
non-traditional;			1	1	1						3
waitlist		1	1								2
complex enrollment											0
complex eligibility				1							1
language barriers											0
low quality			1	1	1		1				4
transportation					1						1

# Appendix B: Local Leads

## Focus Group Protocol

**Introduction:** All Children Thrive is contracted with Forward Arkansas to pursue statewide capacity building for operational excellence and innovation in early childhood care and education. You and your programs have been identified as critical partners in this work. In order to gather information to inform the action plan, I am interested in your feedback on questions related to what's working well, what's not working, and how to best implement new supports for program operations and innovation. We encourage you to DREAM BIG throughout this session. It's helpful for you to share the current challenges, but we are most interested in hearing about the solutions you envision for the future.

**Type of program:** Local Leads

### Vision Questions → Future State

1. How would you describe a successful, high-quality child care program?
  - a. What is required to make it a successful, high-quality program?
2. What types of services would programs appreciate having available to them?
  - a. From you as local leads?
  - b. From other organizations?
3. On the registration form the following words were listed as critical for excellence: efficient, innovative, sustainable, systems thinking, outcomes, community partnerships, funding, universal care, capacity
  - a. With those themes in mind, what statewide services and supports are needed to move the ECCE system toward those goals?

### Programs, Communities

1. Tell us more about what makes the programs and communities you work with unique (prompts- rural/urban, diversity, language(s) used, etc.)?
2. What do you see as the most pressing issues for the communities and providers you support?
  - a. What have you tried to solve these issues?
  - b. What is needed to make your solutions more effective or sustainable?
3. What are the biggest challenges in your role supporting providers?
  - a. In addition to funding, what else would make you more successful? (prompts: resources, supports, tools, collaboration)
4. What systemic changes should be made to improve the system you work in?

## **Access**

1. What business or community supports are available to the programs you serve? What is missing?
2. Do you currently work with other organizations that support programs in your region?
  - a. If yes, list organization and person's name (if known).
  - b. How does this organization support the region?

## **Affordability**

1. Do the programs you work with have the background needed to set tuition prices, manage their finances, etc.?
2. Do the programs you work with experience any challenges or barriers with accepting subsidy payments? What are they?

## **Regulation and Quality**

1. What's working well with program regulation and quality improvement in your region?
2. What changes are needed to improve program supports, training, and technical assistance for providers in your region?

## **Workforce**

1. Do you have any statewide, regional, or local ECCE workforce initiatives that are showing promise for recruitment and retention? What are they?
  - a. If not, what supports are needed to address ECCE workforce needs in your area?

## **Conclusion**

1. What are some immediate and long-term strategies that could get us from where you are (the current state), to the vision and solutions (imagined future state) we have talked about throughout this session?
2. What advice do you have for Forward Arkansas related to developing an action plan to increase operational efficiency and innovation in ECCE programs?

# Appendix C: ECCE Program Focus Group Protocol

**Introduction:** All Children Thrive is contracted with Forward Arkansas to pursue statewide capacity building for operational excellence and innovation in early childhood care and education. You and your programs have been identified as critical partners in this work. In order to gather information to inform the action plan, I am interested in your feedback on questions related to what’s working well, what’s not working, and how to best implement new supports for program operations and innovation.

**Focus Group Participants (Program Name):**

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**Type of program:** ECCE Providers (regulated child care, Family Friend & Neighbor care, Head Start, Early Intervention Development Programs (EIDT), school district PreK

**Licensed capacity:**

**Current capacity:**

**Number of staff:**

**Number of families:**

**Number of children in care:**

**Children and Families**

1. How would you describe the children and families in your care (prompts: ages, diversity, language(s) used, etc.)?
2. What do families most appreciate about your program?
3. What do you most appreciate about the children and families in your program?
4. What do you see as the most pressing issues for families that attend your program?
5. Do you know of any additional supports and services your families are engaged in (e.g., therapies, public assistance, community programs)?
6. Do you currently have a waiting list? If yes, for what ages?

## **Access**

1. Thinking about the families that attend your program, is your program near where they live or work (focus: are families accessing care in their community/neighborhood)?
2. Where is your program located and what is nearby (focus: specific neighborhood, side of town, near community services, etc.)?
3. What businesses or community supports are near your program or in your community? What is missing?
4. Do you currently work with organizations that support your program?
  - a. If yes, list organization and person's name (if known).
  - b. How does this organization support your program?
5. Is there public transportation that is available so families can easily get to your program?

## **Affordability**

1. How would you rate your tuition costs compared to other child care programs in your area (higher, lower, about the same)?
2. Does family tuition adequately cover all costs, including staff/your compensation?
  - a. If no, by how much would you need to increase tuition to cover all costs?
3. Do you have any families that pay for care using subsidies?
  - a. If yes, do you charge a co-pay to parents? In your experience, have families been able to pay the co-payment?
  - b. What do you see as the pros and cons of subsidies from a provider and family perspectives?
4. What would you like to see offered or changed to improve your program's finances and remain affordable to families?

## **Regulation and Quality**

1. When did you become licensed and how was your experience in becoming licensed? Did you encounter any barriers?
2. Describe your relationship with any state or regional staff that monitor your program, or offer technical assistance/support?
3. How have these outside monitoring and support programs supported and/or hindered your program?
4. Are there any other programs that have supported you in training you/your staff or increasing your program's quality?
  - a. If yes, list organization and person's name (if known).
  - b. How does this organization support your program?
5. What would you like to see added or changed to better support your program safety and quality? What do you need most from outside support agencies?

## **Workforce**

1. Do you currently employ staff at your program?
  - a. If yes, how many? What are their roles?
  - b. Have you experienced difficulty in recruiting and/or retaining staff? What have been the barriers?
  - c. Are you able to offer benefits to staff? If yes, list benefits.
  - d. What would be most beneficial for staff?
2. If a family child care provider, what benefits is YOUR BUSINESS able to afford you? (paid holidays, sick time, retirement account through their small business, health insurance premiums paid for by business, etc.)

## **General**

1. How would you describe a successful, high-quality child care program?
2. What do you need to continue to operate a successful child care program?
3. Are there supports that you need specifically for the setting you are in? (may be needed for Head Start but not family child care or vice versa)
4. What supports do you need or would you like to continue around operating your program (e.g., networking with other child care programs, professional development, technology solutions for wait lists, paperwork, shared staffing like floating subs or other specialized roles)?
5. What advice do you have for Forward Arkansas related to developing an action plan to enhance program operations and/or to allow you to innovate?

# Appendix D: Parent/Caregiver Focus Group Protocol

**Introduction:** All Children Thrive is contracted with Forward Arkansas to pursue statewide capacity building for operational excellence and innovation in early childhood care and education. Parents involved in child care have been identified as critical partners in this work. In order to gather information to inform the action plan, I am interested in your feedback on questions related to what's working well, what's not working, and how to best identify needed supports for child care program operations and innovation.

## Care Setting

1. How would you describe the type of care you most often use?
2. What hours do you typically need?
3. Year round or seasonal needed?
4. In a typical week, how many different types of child care do you use?
5. What do you most appreciate about your child care provider?
6. What was the most pressing factor in determining what care you would use? (close to home, work sponsored, cost, known care giver, relative, etc.)
7. What do you see as the most pressing issues for you as a user of child care services (formal or informal)?
8. What do you see as the most pressing issues for the child care provider?
9. If you use any additional supports or family services (subsidy, therapies, etc.) have you ever had an issue with them coordinating successfully with your child care situation?

## Access

1. How far from your home is your primary child care setting?
2. How did you find out about it?
3. Was there a wait before you could start?
4. Where is your program located and what is nearby (focus: specific neighborhood, side of town, near community services, etc.)?
5. What businesses or community supports are near your program or in your community? What is missing?
6. Is there public transportation that is available so you can easily get to your care setting, if you should need it?
7. Do the hours meet your needs or did you have to compromise somehow? If yes, how?

## **Affordability**

1. How would you rate your child care costs compared to other child care programs in your area (higher, lower, about the same)?
2. Approximately what percentage of your monthly income goes to pay for child care?
3. Do you receive any support to help pay for your child care costs? If so, what kind? (employer, child support payment, subsidy)
4. Are you responsible for a co-pay? Are you aware of the new information released about parent co-pays?
5. If you use subsidies to help pay for child care, what are the pros and cons in your experience?
6. What would you like to see offered or changed to improve your child care situation so it can become/remain affordable to families?

## **Regulation and Quality**

1. Do you have any concerns about health or safety while your child is in care?
2. Does the person caring for your child have CPR training?
3. How would you rate the nutritional aspect of any food your child receives while in care?
4. How would you rate the quality of your child care setting?
5. What did you base your rating on? (interactions, physical setting is hazard free, training/education of care person, program is regulated/licensed, state quality rating)
6. What would you like to see more of when it comes to raising the quality of your child care situation?
7. What would you like to see less of when it comes to raising the quality of your child care situation?

## **Workforce**

1. Do you feel your child care provider is adequately compensated for their time and effort in caring for your child? Why / why not?

## **General**

1. How would you describe a successful, high-quality child care program?
2. What do you need to continue using (or start using) a high quality child care program?
3. Are there supports that you need specifically for the family or work schedule you are in?
4. If you could add something to the child care you are using to make it better, easier to use, higher quality, or otherwise improve it, what would that be?
5. What advice do you have for Forward Arkansas related to developing an action plan to enhance child care program operations and/or to allow you to thrive as a family using child care?

# Appendix E: Matrix Summary

Target Areas County / School District	District ECE Data				Better Beginnings							District K-12 Data				County Level Data			
	District Capacit	Program	AB	Vouch	CACFP	0	1	2	3	4	5	6	# Kindergar dner	FPL%	GLR%	County Capacit	County Children ages 0-5	Child Care Gap	Local Lead Agency
<b>Benton, Decatur, Springdale</b>	665	8	3	6	5	1	1	3	1	2	2	46	100%	23.10%	16,677	23,585	29%	ChildCare Aware of NWA	
Child Care Center	620	6	3	5	4			3	1	2									
Early Intervention Day Treatment (EIDT)	35	1		1															
Licensed Child Care Family Home	10	1		1															
<b>Hempstead, Hope School District</b>	653	9	2	5	1	3	2	2	1	1	1	1,176	100%	35.7	683	15,222	55%	Southwest Arkansas Edu	
Child Care Center	537	8	1	4	1	3	2	1	1	1									
Early Intervention Day Treatment (EIDT)	116	1	1	1															
<b>Miller, Genoa Central School District</b>	1,791	19	1	9	6	9	7	2	1	1	78	36.2	56.7	1,940	30,351	36%	Southwest Arkansas Edu		
Child Care Center	1,625	18	1	9	6	8	7	2	1										
Early Intervention Day Treatment (EIDT)	166	1		1		1													
<b>Monroe, Brinkley</b>	319	9	3	4	3	1	2	2	2	2	33	94%	19.40%	319	497	36%	Claredon School District		
Child Care Center	250	6	3	2	1	1	1	1	2	2									
Early Intervention Day Treatment (EIDT)	50	1		1		1													
Licensed Child Care Family Home	19	2		2		1													
<b>Newton, Deer/Mt. Judea School District</b>	226	8	3	6	6	1	1	1	1	1	4	79	100%	36.62%	226	368	39%	Ozarks Unlimited Resour	
Child Care Center	211	7	3	5	6						4								
Early Intervention Day Treatment (EIDT)	15	1		1															
<b>Pulaski, Little Rock School District</b>	2,820	199	18	108	90	55	14	80	32	9	5	4	1,526	78.2	33.80%	31,820	29,614	7%	City of Little Rock
Child Care Center	1,948	147	18	93	72	25	11	68	28	6	5	4							
Early Intervention Day Treatment (EIDT)	260	15		7	8	6	7	2											
Licensed Child Care Family Home	72	6		3	5	1	1	2	1	1									
Out of School Time	6,040	30		5	4	23	1	3	1	2									
Registered Child Care Family Home	5	1		1															
<b>Scott, Waldron School District</b>	387	3	2	3				1	1	1	83	71.30%	30.10%	387	583	34%	University of AR Fort Wor		
Child Care Center	387	3	2	3				1	1	1									
<b>Sebastian, Fort Smith School District</b>	6,533	61	20	34	35	10	9	14	11	4	7	5	976	72.50%	33.30%	6,533	9,580	32%	University of AR Fort Wor
Child Care Center	6,039	55	20	33	29	9	6	13	10	4	7	5							
Early Intervention Day Treatment (EIDT)	442	2		2	2	1	1												
Licensed Child Care Family Home	52	4		1	4	1	2	1											
<b>Union, Junion City</b>	114	2	2	2						2	42	69.1	25.90%	1,918	2,624	27%	South Central AR Educat		
Child Care Center	114	2	2	2						2									
<b>Washington, Decatur, Springdale</b>	7,378	63	17	44	40	11	6	5	7	19	13	2	1,519	72.8	28.70%	12,529	18,988	34%	Washington County Coll
Child Care Center	5,045	50	17	41	35	5	4	2	7	18	12	2							
Early Intervention Day Treatment (EIDT)	367	3		1	3				3										
Licensed Child Care Family Home	20	2		1	1	2													
Out of School Time	1,946	8		2	1	6				1	1								

Target Areas	District ECE Data				Better Beginnings						District K-12 Data				County Level Data					
	District Capacity	Program	AB	Vouch	CACFP	0	1	2	3	4	5	6	# Kindergarten	FPL%	GLR%	County Capacity	County Children ages 0-4	Child Care Gap	Local Lead Agency	
Mississippi, Blytheville	1220	15	7	11	9	3	1	4	4	3	0	0	107	100	4.60%	2687	3477	23%	Mississippi Co. EOC	
Child Care Center	988	11	7	8	7	2	0	2	4	3										
Early Intervention Day Treatment (EIDT)	206	2	0	1	1	1	1													
Licensed Child Care Family Home	26	2	0	2	1			2												
Out of School Time	0	0																		
<b>Chicot</b>	<b>626</b>	<b>10</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>80</b>	<b>100</b>	<b>27.40%</b>	<b>626</b>	<b>683</b>	<b>8%</b>	<b>A State CCA</b>	
Child Care Center	268	7	5	3	4	1	1	4	1											
Early Intervention Day Treatment (EIDT)	288	2	0	2	2	1	1													
Licensed Child Care Family Home	16	1	0	1	1			1												
Out of School Time		0																		
<b>Grand Total</b>	<b>46272</b>	<b>381</b>	<b>71</b>	<b>219</b>	<b>186</b>	<b>90</b>	<b>29</b>	<b>61</b>	<b>40</b>	<b>31</b>	<b>16</b>									

Detailed Information can be found at

<https://docs.google.com/spreadsheets/d/1GR2zELDXbZBOCvXYFD5siQ1t2fAuJZoD/edit?usp=sharing&ouid=100355748291593129436&rtfpof=true&sd=true> (under Matrix tab)

# Appendix F: Count of Arkansas Early Care and Education Programs, Their Capacity, and Children Enrolled

Type	Programs	Capacity	ABC	Voucher	CACFP	Better Beginnings Quality Rating						
						0	1	2	3	4	5	6
Child Care Center and Head Start	1,357	134,807	337	790	616	292	69	302	324	186	108	76
Number of children receiving School Readiness vouchers served						51	4,561	6,292	2,786	807	1,287	
Early Intervention Day Treatment (EIDT)	163	22,961	21	91	119	23	11	69	49	8	3	0
Number of children receiving School Readiness vouchers served						537	3,170	2,729	247	59	0	
Licensed Child Care Family Home	189	2,380	4	85	124	80	20	28	31	6	5	19
Number of children receiving School Readiness vouchers served						0	166	123	68	15	86	
Out of School Time	182	34,304	182	94	20	79	7	51	27	11	7	0
A reliable count of children served through OST receiving vouchers could not be found												
Registered Child Care Family Home	4	20	4	2	2	2	0	2	0	0	0	0
<b>Totals</b>	<b>1,895</b>	<b>194,472</b>	<b>548</b>	<b>1,062</b>	<b>891</b>	<b>476</b>	<b>107</b>	<b>452</b>	<b>431</b>	<b>211</b>	<b>123</b>	<b>95</b>
School Readiness participating children totals						<b>0</b>	<b>588</b>	<b>7,897</b>	<b>9,144</b>	<b>3,101</b>	<b>881</b>	<b>1,373</b>

# Appendix G: Additional Data

Given the size of the file, additional information can be downloaded at [https://docs.google.com/spreadsheets/d/1GR2zELDXbZBOCvXYFD5siQ1t2fAuJZoD/edit?usp=drive\\_link&oid=100355748291593129436&rtpof=true&sd=true](https://docs.google.com/spreadsheets/d/1GR2zELDXbZBOCvXYFD5siQ1t2fAuJZoD/edit?usp=drive_link&oid=100355748291593129436&rtpof=true&sd=true)

Includes:

- Summary of Child Population & Income
- Summary of Child Care Programs
- Details about all ECCE Programs
- School Readiness Assistance Usage
- ECCE Programs by Counties



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