

KANSAS EARLY CHILDHOOD SYSTEMS BUILDING

# Needs Assessment

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➤ January 2020

All In For   
Kansas Kids

## Acknowledgements

The Kansas Early Childhood Systems Building Needs Assessment was made possible because of the 6,100 Kansans who contributed their experiences, ideas, and feedback to strengthen and improve our mixed-delivery system.

The Needs Assessment was supported by Preschool Development Grant Birth through Five funding from the Department of Health and Human Services (HHS), Administration for Children and Families (ACF) Every Student Succeeds Act (ESSA).

Special thanks to the leadership, staff, grantees, and partners of the Kansas State Department of Education, Kansas Children's Cabinet and Trust Fund, the Kansas Department for Children and Families, and the Kansas Department of Health and Environment, who provided support, guidance, and expertise throughout the Needs Assessment process.

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## Letter from Kansas Early Childhood State Directors Team

January 2020

Something special happened in Kansas in the spring and summer of 2019. All across the state, Kansans came together to share their hopes and dreams for young children and their families. Parents, grandparents, business leaders, elected officials, law enforcement personnel, faith leaders, health care providers, librarians, and a wide variety of early childhood educators joined the conversation. Parents played with their children while sharing their personal journeys to find child care, health care, and educational opportunities.

More than 2,000 Kansans offered stories through the Our Tomorrows story collection project of times their families, or families they knew, were either thriving or just surviving. In Northwest Kansas, one 13-year-old even went door to door and farm to farm, asking his neighbors to share their story to make their community a better place.

Early childhood care and education workers representing a wide variety of professions participated. Early childhood providers filled out a lengthy survey describing their professional development needs. Pediatricians, family practice physicians, other public health professionals, and educators described their developmental screening practices. Child care directors shared information about their facilities, and child care resource and referral staff followed up with site visits to gather more information. Stakeholders also shared existing needs assessments – more than 40 different pieces of research – to incorporate into the project.

Across all these formats, Kansans shared a simple, clear message: We value our youngest Kansans and their families. The first five years of a young Kansan's life hold the key to our future prosperity as a state. We are proud of our tradition of supporting the best possible start for Kansas children – and we recognize that we have opportunities to improve so that we can realize this great start for each and every child in our state.

Over the course of this year, the state agencies and their partners engaging in this work promised the Kansans who shared their time and insights that identifying needs is a critical step to shaping our state's future direction. Kansans told us that we have to do better for little kids and the families who love them. These findings are far too important to sit on a shelf and gather dust somewhere in Topeka. Our next task is to communicate this information back to Kansas communities and to develop strategies to move our work forward.

We all have a role to play – as individuals, communities, and a state – to realize Kansans' vision for early childhood. We are grateful for the contributions of so many Kansans to this report, and we look forward to the work ahead.

Sincerely,

**Karen Beckerman**  
*Kansas Department for  
Children and Families*

**Amanda Petersen**  
*Kansas State Department  
of Education*

**Melissa Rooker**  
*Kansas Children's Cabinet  
and Trust Fund*

**Rachel Sisson**  
*Kansas Department of  
Health & Environment*

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# Executive Summary

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Kansas is the best place to raise a child. This vision has led our early childhood system over the past 15 years and provides the foundation for the Needs Assessment component of our Preschool Development Grant-funded Early Childhood Systems Building Effort. The Needs Assessment comprehensively describes the current landscape of the early childhood care and education system in Kansas.

Young children ages birth through five and their families are at the core of the work, led by Governor Laura Kelly, the Kansas State Board of Education, Kansas lawmakers, and state early childhood leaders and stakeholders, including a State Directors Team representing the Kansas State Department of Education, the Kansas Children's Cabinet and

Trust Fund, the Kansas Department for Children and Families, and the Kansas Department of Health and Environment. Most importantly, our Needs Assessment includes the voices of over 6,100 Kansans who participated in the process and contributed to our shared understanding of the early childhood care and education system in our state.

The reality for many Kansas families does not match our collective vision for our state, communities, and citizens. Our Needs Assessment provides extensive data that documents the struggles families face. The Needs Assessment also includes stories of resilience and commitment. We have documented the gaps, the bright spots, and the opportunities to realize our vision. We are ready for the journey.

## Scope and Structure

Our Needs Assessment process, which began in January 2019, consists of five core components:

1. Review and analysis of existing needs assessments.
2. Collection and analysis of additional data.
3. Story collection (SenseMaker®) and community sensemaking.
4. Community Engagement Sessions.
5. Synthesis.

Each component included significant engagement with parents and families, child care providers, other early childhood providers, key partner agencies, business leaders, civic leaders, and policymakers. We are proud to share this report, a document developed from the

voices of over 6,100 Kansans from all 105 Kansas counties. We condensed the information into a comprehensive description of our early childhood care and education landscape. We first describe the experiences of children ages birth through five and their families, then the current early childhood care and education programs and services, and finally the current infrastructure.

Our Needs Assessment reflects what we learned from the data alongside what Kansans told us during this journey. It also highlights the many bright spots throughout our state, where communities, stakeholders, and families are working together to create opportunities for all children to thrive.

## Key Findings

The Needs Assessment represents a comprehensive view of our early childhood care and education system, providing a shared understanding of key definitions and terms. We can describe our birth through five population, as well as the programs and services available across the state. We can point to promising and effective strategies for easing the burden associated with navigating a comprehensive early childhood system and for transitioning to the K-12 education system. We can identify an array of resources in place to support our system infrastructure and a workforce comprising committed, dedicated professionals. We have a strong foundational understanding of the importance of shared data and aligning around a collective vision. Additionally, our early childhood partners and stakeholders across the state demonstrated shared enthusiasm and commitment for the work ahead.

Importantly, we recognize the gaps that exist and the strides we need to take to strengthen our early childhood care and education system in order to improve the lives of Kansas children and families. We need to increase data sharing efforts to support informed decision-making around underserved populations and issues of inequity, as well as to understand where to make targeted investments in programs and services for greater accessibility and availability. We need to intentionally align and maximize infrastructure, resources, and funding. We need to expand our system to support and strengthen our committed workforce, sustain our facilities and environments, strengthen connections within communities, and eliminate navigation barriers for families.

### ***Two central messages emerged from the results of our data collection, analysis, and synthesis:***

- 1. Families' experiences are profoundly shaped by where they live across the state and within communities. Geography impacts the availability and accessibility of early care and education services and supports, creating isolation and navigation barriers.**
- 2. Too many young Kansas children grow up in families where basic needs are not met. The struggle to meet basic needs such as food, housing, and health care prevents families from fully meeting their child's developmental needs.**

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**The central messages provide context and perspective to each of the eight key findings:**



**Accessibility:** Families with young children experience inequitable access to high-quality programs and services across the broader early childhood system.



**Availability:** Families with young children experience a gap between the services that are available and their actual needs, disproportionately affecting vulnerable and underserved populations.



**Navigation:** Families must adopt a “connect the dots” approach to navigate services across sectors; disruptors are frequent and common.



**Workforce:** Early childhood workforce needs at both the leadership and direct service levels include preparation, compensation/financial relief, ongoing training and support, and recruitment and retention.



**Facilities:** Needs exist related to the physical conditions and environments of early childhood facilities across the state.



**Collaboration:** Early childhood providers and stakeholders share a desire for collaboration and cooperation, but these efforts are often disconnected and uncoordinated.



**Systems Alignment:** Greater systems alignment is needed to fully realize an efficient and robust early childhood care and education infrastructure.



**Bright Spots:** Efficient, innovative, and responsive efforts are occurring among early childhood care and education system partners in communities throughout the state.

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The central messages and key findings provide both depth and breadth of understanding of the current landscape in Kansas. With these results, we pivot to our Strategic Plan for our early childhood care and education system. We will continue to intentionally engage Kansans from across the state to shape our plan and define the next steps. The voices of Kansans, our findings from the Needs Assessment, and the collective vision of our leaders will guide our strategic direction. We are on a journey toward a Kansas in which children and families thrive in caring and connected communities, high-quality early childhood care and education services are equitably accessible and available, the early childhood workforce is valued and respected, and our resources and investments align with our vision.

## Overview

Kansas' Needs Assessment Report provides comprehensive detail regarding the process of collecting and analyzing data about the early childhood care and education system, beginning in January 2019. The report describes the methodologies, stakeholder involvement, synthesis, and key findings, representing the input of over 6,100 Kansans. We have woven the stories collected from Kansans throughout the report to provide perspective and context to our process and findings. Our Needs Assessment fully addresses the needs assessment guidance that accompanies the federal grant funding that supported this work (the Preschool Development Grant Birth through Five). A crosswalk of Needs Assessment domains provides a roadmap for navigating the report.

Needs Assessment Domain	Section
<b>Definitions:</b> <ul style="list-style-type: none"> <li>• Quality Early Childhood Care and Education (ECCE).</li> <li>• ECCE Availability.</li> <li>• Vulnerable or Underserved Populations.</li> <li>• Children in Rural Areas.</li> <li>• ECCE System as a Whole.</li> </ul>	Section 2
<b>Focal Populations for the Grant:</b> <ul style="list-style-type: none"> <li>• Vulnerable and Underserved Children in Kansas.</li> <li>• Rural Children in Kansas.</li> </ul>	Section 2, Section 3
<b>Quality and Availability:</b> <ul style="list-style-type: none"> <li>• Current Quality and Availability of ECCE.</li> <li>• Current Quality and Availability for Underserved Populations.</li> </ul>	Section 4
<b>Children Being Served or Awaiting Service:</b> <ul style="list-style-type: none"> <li>• Unduplicated Count of Children Receiving Services.</li> <li>• Unduplicated Count of Children Awaiting Services.</li> </ul>	Section 4
<b>Gaps in Data on Quality and Availability of Programming and Supports for Children and Families</b>	Section 4, Section 5, Section 6
<b>Measurable Indicators of Progress that Align with the State's Vision and Desired Outcomes for the Project</b>	Section 5, Section 6
<b>Issues Involving Early Childhood Care and Education Facilities</b>	Section 5, Section 6
<b>Barriers to the Funding and Provision of High-Quality Early Childhood Care and Education Services and Supports and Opportunities for More Efficient Use of Resources</b>	Section 5, Section 6
<b>Transition Supports and Gaps</b>	Section 4, Section 6
<b>System Integration and Interagency Collaboration</b>	Section 5, Section 6



## SECTION 1

# Introduction

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On April 11, 2019, Governor Laura Kelly shared with the Kansas Children’s Cabinet and Trust Fund that “by the time I leave office, I envision a state in which a reference to ‘early childhood stakeholders’ is considered far too encompassing to be used as a stand-alone phrase because we will understand that we are ALL early childhood stakeholders – businesses, nonprofits, local governments, state agencies, philanthropic leaders alike.” This statement is echoed throughout our Needs Assessment by leaders, stakeholders, and parents across Kansas. The responsibility for ensuring all children get the strongest start belongs to every one of us – at the individual, family, community, and societal level – and is rooted in the science of early childhood. The findings demand a call to action.

## Importance of Early Childhood

Decades of scientific research underscore the importance of high-quality early childhood programs and experiences. Children make more than a million neural connections each second from birth to age three. These neurons form a brain architecture that impacts a child’s entire life trajectory. A child’s early relationships, experiences, and environment influence this brain development. When young children experience stressful conditions – like material hardship, neglect, or abuse – those negative experiences can short-circuit the foundations of their developing brain, which can in turn lead to lifelong challenges. With over 90% of a child’s brain architecture developed by age five, there is no time to lose; our efforts to prepare young Kansans for success hinge on this critical early period of life.

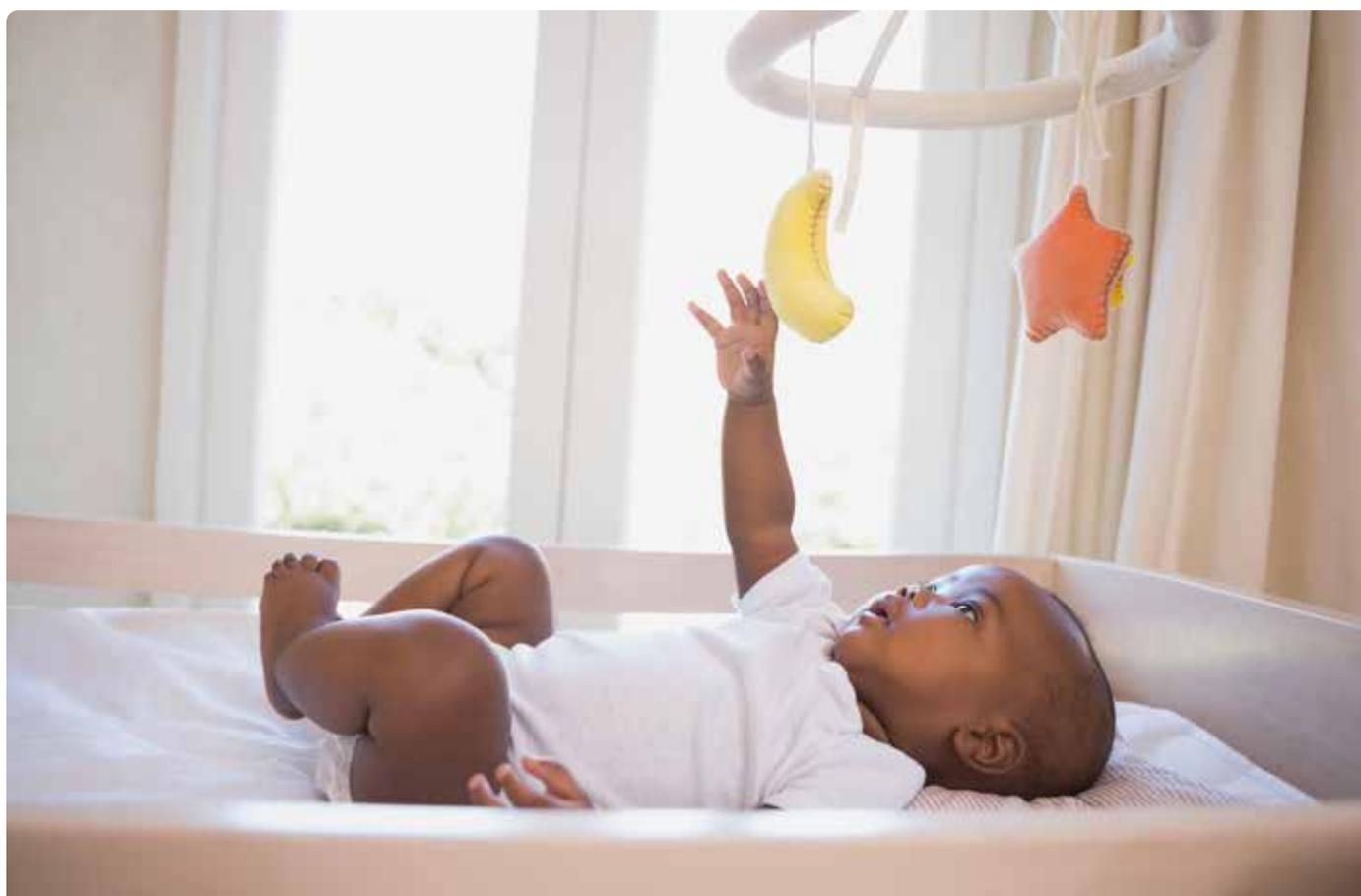
Children thrive and have a stronger likelihood of well-being throughout the life course when services and supports are available. Investing early pays dividends later. Children and families who have access to high-quality early childhood care and education programs and services are more likely to have better educational outcomes, graduate from high school, earn a higher lifetime salary, have higher levels of employment, and contribute to the vibrancy of their community. High-quality early learning opportunities mitigate the gap for children whose trajectory can be negatively impacted by not having their basic needs met. A longitudinal study underway in Wichita demonstrates that graduates of The Opportunity Project (TOP) Early Learning Centers experience broad gains in social-emotional skills, cognitive development in math, literacy, and science, and very significant reduction in the need for special education services later.

Kansas has a long history of valuing investments in early childhood. We were the first state in the nation to establish a Children’s Trust Fund in 1980. In 1999, Kansas lawmakers again demonstrated a strong commitment to our state’s future by enacting legislation to transform the original trust fund into the Kansas Endowment for Youth (KEY) Fund and the Children’s Initiatives Fund (CIF). This landmark legislation dedicated Kansas’ annual payments from the Tobacco Master Settlement

Agreement to the KEY Fund and the CIF and created the Kansas Children’s Cabinet and Trust Fund (the Children’s Cabinet). The Cabinet is charged with developing and implementing a coordinated and comprehensive early childhood care and education system, aligning and facilitating interagency cooperation, and advising the governor and legislature regarding investments in early childhood programs and services.

In 2010, Kansas passed critically important child care legislation to protect Kansas children. Lexie’s Law, named for a Kansas toddler who suffered a preventable fatal injury while in child care, strengthened Kansas child care licensing requirements to help prevent future tragedies. This built on a foundation established in 1994, when Kansas established the child care policy of the state (K.S.A. 65-528).

In 2015, the Kansas State Board of Education announced a new vision for education in Kansas: Kansas leads the world in the success of each student. This vision was the result of thousands of Kansans sharing their perspective over the course of a year. Kansans recognized the critical importance of early childhood in achieving this vision, and the State Board identified kindergarten readiness as one of five outcomes to measure progress toward achieving the new vision.



Our Needs Assessment underscores the value Kansans place on the early years, identifies gaps and areas of need, and highlights bright spots and ripples of innovation. The Needs Assessment process provides a snapshot of where we are, helps us identify possibilities, and unlocks aspirational vision and potential for an early childhood care and education system in which all Kansas children thrive.

## The Kansas Early Childhood Care and Education System

To fully understand the comprehensive needs of the Kansas early childhood care and education system, we had to hear from Kansans in every part of our state. We intentionally engaged communities from every region and heard from residents in all 105 counties. We asked them to share their experiences, hopes, and struggles. We discussed the realities, challenges, and successes of the current early childhood care and education system with a broad array of stakeholders. We read, reviewed, and processed numerous state and local reports regarding the realities and needs across all sectors of the broader early childhood care and education system.

The data, including thousands of stories from individuals across our state, paint a picture of both the resilience of Kansans and the persistent struggle many families are facing. When a Kansas family lacks concrete supports and social connections, their children may miss critical opportunities to thrive and grow to their full potential. Two messages emerged and are deeply contradictory to what we collectively envision for the young children of this state. We repeatedly heard ...



**Central Message One:** Families' experiences are profoundly shaped by where they live across the state and within communities. Geography impacts the availability and accessibility of early care and education services and supports, creating isolation and navigation barriers.

**Central Message Two:** Too many young Kansas children grow up in families where basic needs are not met. The struggle to meet basic needs such as food, housing, and health care prevents families from fully meeting their child's developmental needs.



Our vision is for Kansas children and families to have universal and equitable access to a coordinated, high-quality, mixed-delivery early childhood care and education system. Our Kansas-defined birth through five early childhood mixed-delivery system includes regulated child care, evidence-based home visitation programs, Part C early intervention services for children ages birth to three with developmental delays, Maternal and Child Health services, preschool and Pre-K programs, and Part B early childhood special education services for children ages three to five. We also know there are ancillary services and sectors serving children and families outside of the early childhood system we must consider, including prevention and intervention, child protective services, health care, behavioral health, and economic and employment supports.

The Kansas Children's Cabinet and Trust Fund Blueprint for Early Childhood (Blueprint) recognizes the early years as a critical period for intervention that establishes a child's foundation for school and life success. The Blueprint identifies three building blocks to optimize child and family well-being: Healthy Development, Strong Families, and Early Learning. A focus on these areas will ultimately impact kindergarten readiness and ensure a seamless transition into the early grades. The Kansas Early Childhood Systems Building Effort is our pathway to develop an equitable, robust, and responsive early childhood care and education system in Kansas.



## Embarking on a Journey

The Kansas Early Childhood Systems Building Effort represents our shared commitment to shape the future for early childhood based on what Kansans across the state told us they wanted for their children and families. These efforts began officially in January 2019, building upon the hard work and commitment of our communities and our early childhood care and education stakeholders over the last 15 years.

In 2004, the Kansas Department of Health and Environment, the Children’s Cabinet, and the University of Kansas Center for Public Partnerships and Research conducted an environmental scan of early childhood programming at the state and local level. The resulting gaps informed the Kansas Early Childhood Comprehensive Systems Plan, which consisted of five goals: early care and education, health care and medical home, family support, parent education, and mental health.

Early childhood professionals informed this first comprehensive plan, which provided the bedrock for future efforts and led to the establishment of the Kansas Early Childhood Advisory Council in 2010 (Council). Although the Council did not reach its full potential as a coordinating entity, the early childhood field began to see the power of a mixed-delivery system and early childhood service continuum rather than a collection of

individual programs competing for funds. For example, when Kansas faced significant budget challenges between 2012 and 2017, a broad range of Kansans successfully persuaded legislators to reject a proposal to securitize the Kansas share of future annuities from the Tobacco Master Settlement Agreement that supports the Children’s Initiatives Fund investments. In 2018, as lawmakers began to reverse deep budget cuts, they prioritized restoring funding for early childhood programs and began to rebuild the balance in the Kansas Endowment for Youth Fund.

While this history and shared commitment is evident throughout our findings, we have also faced challenges that have slowed or stalled our progress in fully implementing a robust early childhood care and education system. These challenges are woven throughout our findings. We engaged in this current Needs Assessment effort with a sense of urgency to address the real issues faced by families with young children in diverse communities across Kansas, and a commitment to intently listen to what Kansans say they need to move forward effectively. The importance Kansans have placed on early childhood was reiterated when Governor Laura Kelly joined the Children’s Cabinet meeting in April 2019 and delivered the message that “we are ALL early childhood stakeholders.” Our work reflects this collective spirit and the engagement of Kansans across the state in this critical conversation.

## **This Kansas early childhood care and education Needs Assessment is one of five connected activities in the Kansas Early Childhood Systems Building Effort:**

1. A comprehensive Needs Assessment.
2. An informed Strategic Plan.
3. Engagement of parent voice and choice.
4. Sharing of best practices.
5. Improving overall quality.

As the Kansas Early Childhood Systems Building Effort began, the State Directors Team committed to engaging in a transparent, collaborative process for this work. During the development of the grant application, partners agreed to common goals: 1) decisions are informed by families, communities, stakeholders, and agencies, 2) Kansas has an actionable, relevant strategic plan validated by stakeholders and communities, 3) Kansas recognizes and addresses early childhood workforce challenges, and 4) early childhood services are available and accessible, routine screenings are embedded in the system, and families have choice in determining which resources best meet their needs. Our process reflects these goals and principles. We regularly engaged stakeholders and families in opportunities to shape the work through the following means:

1. Biweekly webinars.
2. Weekly email newsletter.
3. Systems building website.
4. Story map to document the journey.
5. Statewide travel to gather input.

The biweekly webinars had an average live viewership of 58 participants per week over 21 sessions. Recordings of the webinars are archived on the Children's Cabinet website. These webinars provided relevant updates and a means to gather input from stakeholders, answer questions about the Needs Assessment work, and promote upcoming events. The State Directors Team has made a commitment to continue the webinars throughout the strategic planning process.

A weekly email newsletter was sent out to a list of over 1,425 individuals as of November 2019. The newsletter shared updates on the Needs Assessment activities, upcoming events, and opportunities to provide input

and participate. This practice is also being continued throughout the strategic planning process and the number of recipients continues to grow.

A systems building tab on the Cabinet website provided a grant overview, events calendar, input form, story map, news, and links to webinar archives. This website serves as the hub for information to ensure transparency and public input.

A real-time story map documented the journey and provided a timeline of the moments that made up all of the systems building efforts. Moments included Advisory Team meetings, Community Engagement Sessions, Community Sensemaking Sessions, Facilitated Visioning Sessions, the Governor's Council on Early Childhood meetings, Implementation Team meetings, mixed-delivery system stakeholder meetings, Parent Cafes, and State Directors Team meetings.

The State Directors Team made a commitment to travel to all areas of the state. Our team drove more than 8,300 miles on numerous trips across the state over a three-month period in order to meet with Kansans face to face, to hear them describe their experiences of resilience and struggles in their own words, and to signify our early childhood system will be informed by, and with, the people of Kansas.

## **Leadership and Stakeholders**

The work of the Kansas Early Childhood Systems Building Effort is guided by the State Directors Team. This team comprises the directors leading the early childhood efforts from the Kansas State Department of Education (lead agency for this federal planning grant), the Children's Cabinet, the Kansas Department for Children and Families, and the Kansas Department of Health and Environment. Collectively, these agencies provide leadership for the programs across the Kansas early childhood care and education system. This team makes key decisions, provides clear direction, tracks benchmarks and progress, generates pathways for statewide collaboration, ensures consistent communication and messaging, and develops solutions for challenges that arise.

The Kansas State Board of Education announced a new vision for education in Kansas in October 2015 – Kansas leads the world in the success of each student. Its mission is to prepare Kansas students for lifelong success through rigorous, quality academic instruction, career training,

and character development, according to each student's gifts and talents.

The vision of the Children's Cabinet is Every Child Thrives. All children will have their basic needs met and have equitable access to quality early childhood care and education opportunities, so they are prepared to succeed in kindergarten and beyond.

The mission of the Kansas Department for Children and Families is to protect children, promote healthy families, and encourage personal responsibility.

The mission of the Kansas Department of Health and Environment is to protect and improve the health and environment of all Kansans.

We established two stakeholder teams to ensure we had the capacity to carry out the Needs Assessment and to involve as many Kansas voices and perspectives as possible. The first is the Kansas Early Childhood

Systems Building Implementation Team. This team includes eight Kansas organizations to assist the State Directors Team in carrying out the Needs Assessment work: Wichita State University Community Engagement Institute, Kansas Technical Assistance System Network, Kansas Parent Information Resource Center, University of Kansas Center for Public Partnerships and Research, Kansas Head Start Association, Kansas Children's Service League, Child Care Aware of Kansas, and Kansas Child Care Training Opportunities, Inc. The second is the Kansas Early Childhood Advisory Team, an evolution of previous statewide collaborative teams advising early childhood efforts in Kansas. This team includes approximately 120 early childhood stakeholders from diverse regions across Kansas and captures a range of perspectives impacting the early childhood care and education system. Its purpose is to provide input and feedback on key focus areas and serve as champions for strengthening the early childhood system in local communities, specifically creating opportunities to maximize family knowledge and voice.

## State Directors Team

*(Partner Agency | Names | Titles | Expertise, Experience, and Areas of Responsibility)*

### Kansas State Department of Education

**Amanda Petersen, MPA**, *Early Childhood Director*  
Early childhood initiatives including Kansas preschool programming, Part B (Section 619), the Kansas Kindergarten Readiness Snapshot, home visiting, public policy development, collaboration.

### Kansas Children's Cabinet and Trust Fund

**Melissa Rooker, BFA**, *Executive Director*  
Early childhood program development and implementation, policy development, Children's Initiatives Fund, public-private partnerships.

**Amy Meek, BA**, *Early Childhood Director*  
Early childhood care and education initiatives, comprehensive services for at-risk children ages 0-5, program management, technical assistance.

### Kansas Department for Children and Families

**Karen Beckerman, MPA**, *Strengthening Family Services Director*  
Child care initiatives including Child Care and Development Fund and Child Care Resource and Referral, child welfare, quality improvement rating systems.

**Rebekah Gaston, JD**, *Director of Policy & Economic and Employment Services*  
Policy development, economic supports, child welfare, child nutrition, and co-parenting.

### Kansas Department of Health and Environment

**Rachel Sisson, MS**, *Bureau of Family Health Director and Title V Maternal Child Health Director*  
Maternal and child health including Maternal Child Health Block Grant, Part C of IDEA, home visiting, family and parent engagement, public health program administration, health disparities, child care licensing.

# Implementation Team

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*(Partner Agency | Names | Titles | Expertise, Experience, and Areas of Responsibility)*

## Wichita State University Community Engagement Institute

**Scott Wituk, PhD**, *Executive Director*

Coalition building, system-level change, early childhood policy and evaluation.

## Kansas Technical Assistance System Network

**Crystal Davis**, *Director*

**Kevin Davis**, *Director*

Technical assistance to support school districts' systematic implementation of evidence-based practices.

## Kansas Parent Information Resource Center

**Jane Groff, PhD**, *Executive Director*

Family engagement, family-school-community partnerships, parent advocacy/leadership.

## University of Kansas Center for Public Partnerships and Research

**Jackie Counts, MSW, PhD**, *Director*

Early childhood systems, strategic planning, evaluation, child maltreatment prevention.

**Teri Garstka, PhD**, *Associate Director*

Shared measurement systems, evaluation, operational efficiency and technology solutions.

**Rebecca Gillam, MSW, PhD**, *Associate Director*

Collaboration, early childhood, Tribal capacity building, strategic planning.

## Kansas Head Start Association

**Peggy Kelly, LBSW**, *Executive Director*

Head Start, Early Head Start, parent engagement and leadership, early childhood professional development.

## Kansas Children's Service League

**Dona Booe, BSA**, *CEO and President*

Child maltreatment prevention, parental risk program development, community engagement.

**Vicky Roper, MS**, *Prevent Child Abuse Kansas Director*

Child maltreatment prevention, parent leadership, education, fatherhood initiatives, foster care.

## Child Care Aware of Kansas

**Angie Saenger, BA**, *Deputy Director*

Statewide Child Care Resource and Referral network administrator; data tracking of child care quality, cost, supply, demand, and workforce.

## Kansas Child Care Training Opportunities, Inc.

**Patty Peschel, MS**, *Executive Director*

Professional development; child care quality.



## SECTION 2

# Needs Assessment

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### Approach

In 2019 Kansas had a unique opportunity to more deeply understand the specific needs and issues Kansas families face. This Needs Assessment:

- Describes the current early childhood care and education system in Kansas.
- Identifies opportunities to improve and enhance the quality and availability of early childhood care and education services in Kansas.
- Informs the availability of connected, coordinated, and accessible early childhood care and education services across Kansas communities.
- Identifies opportunities to maximize parent and community voice and choice.
- Informs and provides rationale for an actionable strategic plan for the early childhood care and education system in Kansas.
- Informs Kansas early childhood care and education system infrastructure decisions.
- Engages support for a shared and ambitious vision for the well-being of young children and families in Kansas.

The Needs Assessment Team led data collection and analysis. The team worked collaboratively to ensure a complete picture of the experiences and needs of children and families in the state. Table 1 details the roles related to data collection and analysis.

**Table 1. Needs Assessment Team and Roles**

Partner	Role
University of Kansas Center for Public Partnerships and Research	Needs Assessment Coordination and Facilitation Review of Existing Needs Assessments Our Tomorrows Story Collection Data Needs Assessment Needs Assessment Document Community Engagement Pre-K Survey (with Kansas State Department of Education)
Wichita State University Community Engagement Institute	Community Engagement
Child Care Aware of Kansas	Environmental Scan Survey and Workforce Survey
Kansas Child Care Training Opportunities, Inc.	Workforce Survey
Kansas Children’s Service League	Parent Cafes

## Components

*The Needs Assessment included five components, with data and input collected from all 105 Kansas counties and over 6,100 Kansans:*

- 1. Review and analysis of existing needs assessments.**
- 2. Collection and analysis of additional data.**
- 3. Story collection (SenseMaker®) and community sensemaking.**
- 4. Community Engagement Sessions.**
- 5. Synthesis.**

All components of the Needs Assessment process included both quantitative (numbers) and qualitative (stories) data. Stakeholders had opportunities to respond to surveys, share stories, and participate in engagement and sensemaking sessions. Qualitative data were analyzed to identify themes within and across groups and communities. Population-level data from vital records and the U.S. Census provided insights into demographics and population trends. Data from existing needs assessments included numbers and insights to inform our results. Where possible, we triangulated quantitative and qualitative data to further understand the landscape and experiences of Kansas children. Each component is described in more detail on the following pages.

## Component 1: Review and analysis of existing needs assessments

**Purpose:** To build upon the extensive data and findings in existing state and local documents and reports from across the broader early childhood care and education system.

**Timeline:** January to May, 2019

We created an initial list of documents for review and analysis and asked stakeholders and partners from across the state to share documents for review. This review captured a wide range of needs assessments and reports from across the early childhood care and education system, including reports on child care quality and availability, the early education workforce, home visiting services, early education services, maternal child health services, child protective services, economic support programs, nutrition programs, programs for targeted

populations (i.e., homeless, migrant), health services and outcomes, policy, and the birth through five population. The Needs Assessment Team evaluated and organized information, questions, and gaps across three categories: experiences of children and families, services and programs within the early childhood care and education system, and infrastructure. The team then documented themes and trends, demographics, data, system connections, and infrastructure elements to inform the other components of this process.

**Scope/Respondents:** We reviewed 45 total reports, 11 that were required by Preschool Development Grant guidance and 34 additional documents and reports submitted by other stakeholders (see Appendix A for a complete listing and overview).

## Component 2: Collection and analysis of additional data

**Purpose:** To gather additional data on the early childhood workforce, environments and facilities, data systems, developmental screening scan, and school district Pre-K programs. To engage key stakeholder and parent groups in targeted visioning conversations to ensure a complete picture of the Kansas early childhood landscape.

**Timeline:** January to August, 2019

**Early Childhood Workforce Survey:** Child Care Aware of Kansas and Kansas Child Care Training Opportunities, Inc. conducted a joint survey to assess the professional development needs of the Kansas early childhood workforce (see Appendix B). The joint effort was a new collaboration between the two organizations. The comprehensive survey (45 questions) covered provider and program information and professional development practices. The survey link was widely distributed across the state via existing networks and was open for six weeks.

**Scope/Respondents.** The survey was completed by 805 individuals representing a mix of child care and early education settings: 30% child care facilities, 35% family child care homes, 18% group day care homes, 8% private preschool, 3% relative care, 3% Head Start, 3% other settings (public Pre-K, home visiting, and social service agencies). Owners, directors, lead teachers, assistant

teachers, and other providers in child care centers responded to the surveys. Over 80% of Kansas counties were represented by at least one survey.

**Environmental Needs Survey:** Child Care Aware of Kansas completed an Environmental Needs Survey with child care providers across the state to identify needs and opportunities related to child care environments (see Appendix C). A subset of providers also participated in an on-site observation. The survey covered materials in the learning environment, program practices, and physical repairs and renovations. The observation included the same categories, providing an opportunity to compare observation findings to self-reported answers.

**Scope/Respondents.** The survey was completed by 400 programs (86% family child care and 14% child care facilities), representing 80% of Kansas counties. Of those 400 programs, 87 participated in on-site visits.

**Early Childhood Data Systems:** The University of Kansas Center for Public Partnerships and Research conducted a review and analysis of the current status of early childhood data, reporting requirements, and use within each agency or entity responsible for administering various early childhood care and education systems.

**Scope/Respondents.** The University of Kansas Center for Public Partnerships and Research provided a comprehensive report of the current early childhood care and education data system mapping in Kansas.

**Facilitated Visioning Sessions:** The University of Kansas Center for Public Partnerships and Research engaged a team of four expert facilitators to conduct conversations with state, regional, and local stakeholder groups in the fields of early childhood care and education, health and behavioral health, child welfare, and social services. Attendees answered three questions:

- What bright spots, services, or attributes does your community have to support young children and families that we should be amplifying and celebrating?
- Tell us about your vision for early childhood in your community. What would you see, hear, and experience?
- What gaps do you see between the early childhood system as it is and your vision? What is one particular area we should focus on improving immediately?

**Scope/Respondents.** Participants included 510 individuals at 20 meetings: 12 statewide meetings (eight early childhood leadership groups, four cross-sector groups, and two school administrator groups) and six local meetings of early childhood coalitions.

**Parent Cafes:** Parent Engagement staff at Kansas Children’s Service League utilized the same three questions to host Visioning Sessions with diverse parent groups during 20 Parent Cafes.

**Scope/Respondents.** Participants included 130 individuals in 20 Parent Cafes.

**Pre-K Survey:** To gain additional understanding of preschool and Pre-K offerings across public school districts, the Kansas State Department of Education distributed a survey to all 286 unified school districts in the state (see Appendix D). This survey included questions about capacity, duration, transportation, funding, facilities, and transition practices. The survey was open for two weeks.

**Scope/Respondents.** A total of 246 districts responded to the survey, providing information about the accessibility and availability of district-provided Pre-K programming and services across the state.

**National Scans:** The Needs Assessment Team completed topical reviews of several early childhood care and education system and infrastructure elements: universal child care, early childhood mental health, transitions to kindergarten, child care workforce supports, family-friendly policies and regulations, public-private partnerships, business sector engagement, and systems alignment.

**Scope/Respondents.** The Needs Assessment Team summarized the findings of each topical review, capturing national trends and findings for each scan, including current state of affairs, suggested best practices and models, and policy recommendations.



# Engagement Reach of Needs Assessment Components



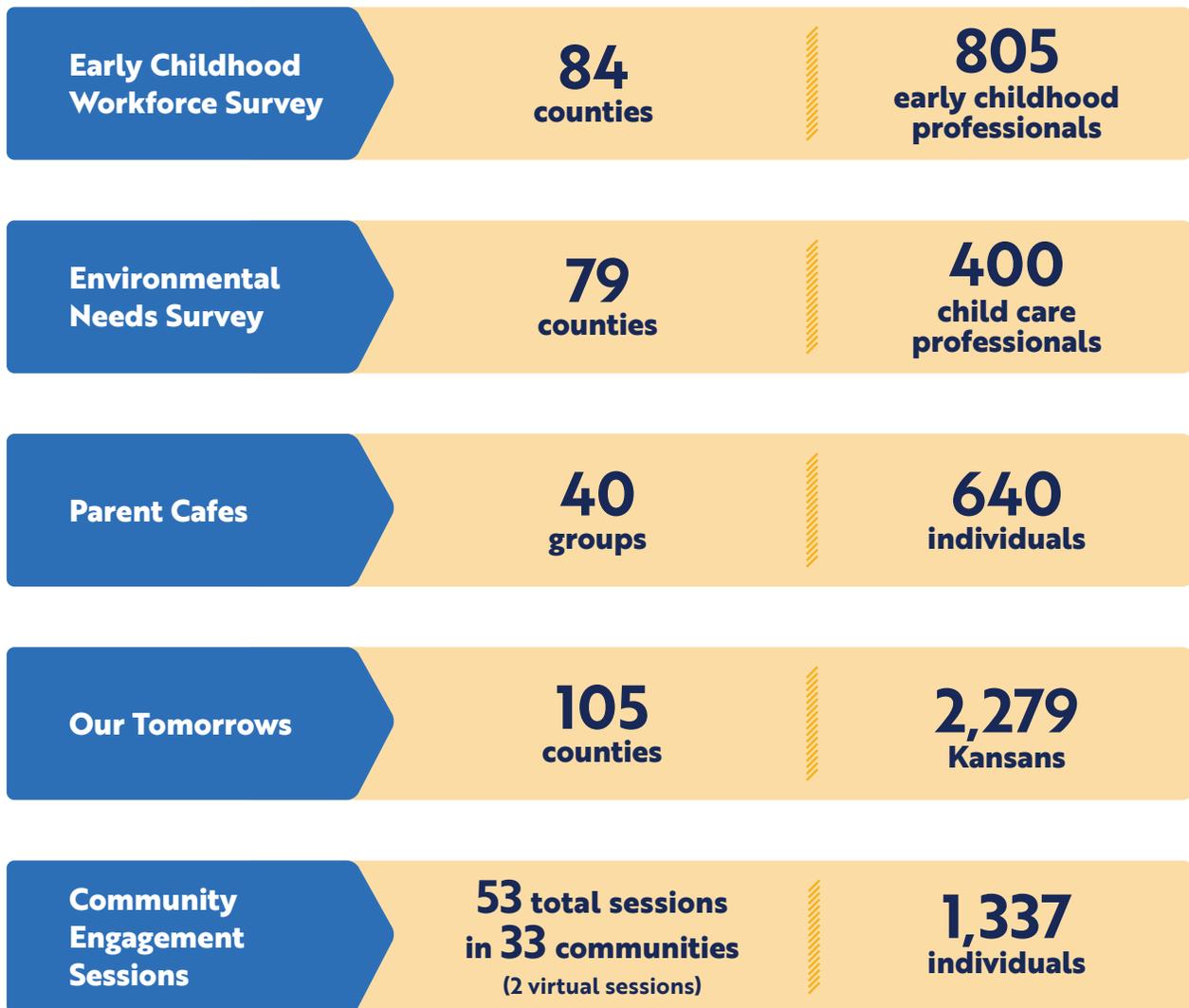
Tools



Communities Engaged



Individual Voices



Additional input shared through webinars, an online share form, and early childhood stakeholder meetings and events contributed to the total of over 6,100 Kansans (duplicated count) who shaped the Needs Assessment document.



### Component 3: Story collection (SenseMaker®) and Community Sensemaking

**Purpose:** To capture lived experiences of Kansans through storytelling and to use parent voice to inform local decision-making and social innovation. The project occurred across multiple phases: story collection, analysis/catalysis, and community sensemaking (see Appendix E for a full description of these phases).

**Timeline:** January to September, 2019

**Approach:** The University of Kansas Center for Public Partnerships and Research scaled the Our Tomorrows: What Families Need to Thrive framework to gather lived experiences of families and uncover patterns in the ways Kansans made meaning of these experiences. The technology, SenseMaker, is a software suite for data collection and analysis and a general approach to complexity-informed narrative research. The framework was accessible online and in paper copies. Respondents shared an experience based on the following prompt: “Remember a time when you felt like your family, or another family you know, was thriving or just surviving. Share an experience that describes what was happening at that time in the family.” This prompt resulted in a collection of stories of thriving and surviving that were personally meaningful and important to the respondent.

Community Sensemaking Workshops provided an in-person opportunity for communities and/or organizations to convene stakeholders and storytellers. Participants heard experiences firsthand and learned about patterns that exist at the community level. Participants shaped the collective interpretation of the stories and then moved to a state of envisioning possibilities and actionable solutions. The process provided a powerful way for a community to understand the context through the eyes of individuals who are both giving and receiving services (parents and service providers).

**Scope/Respondents.** Our Tomorrows teamed with 24 organizational partners and eight individual citizen journalists to collect stories representing parent voice and choice, and to recruit participants for Community Sensemaking Workshops. Organizational partners statewide included service providers, statewide coalitions, and local coalitions, with service provision ranging from home visiting, early learning, and special needs to public health and housing. Citizen journalists are active in their local communities and some have backgrounds in early childhood education, health, and parent leadership councils. See Figure 1 for a map of state regions.

Due to the scale of statewide partner coalitions and organizations with regional offices, Kansans from every corner of the state were able to share their stories, either in person or prompted via mail, email, and organizational websites and apps. The local nature of citizen journalists also ensured that community members not affiliated with or receiving services from a partner organization had an opportunity to share their stories through personal networks and attendance at community events.

As of September 6, 2019, Our Tomorrows collected over 2600 stories, of which 2,279 are geographically tagged to Kansas counties. All 105 Kansas counties are represented and have at least one family story included. The map below reflects the county coverage after the “Zero Zeros”

campaign achieved statewide representation in the Our Tomorrows data. Integral to reaching this goal was the involvement of organizations and individuals in frontier counties with connections to those more isolated areas. While the final story came from a very small, sparsely populated county, it was symbolic of a statewide effort to ensure all of our counties were included. The State Directors Team, Our Tomorrows Team, and partners across the state reached out to local organizations and regional partner offices, libraries, sheriff’s offices, family, and friends in those counties to include their voices in the Our Tomorrows process. (Stories are shared throughout this document to illustrate lived experiences and are presented as entered. Minimal editing has been done in order to preserve the words of the storyteller.)

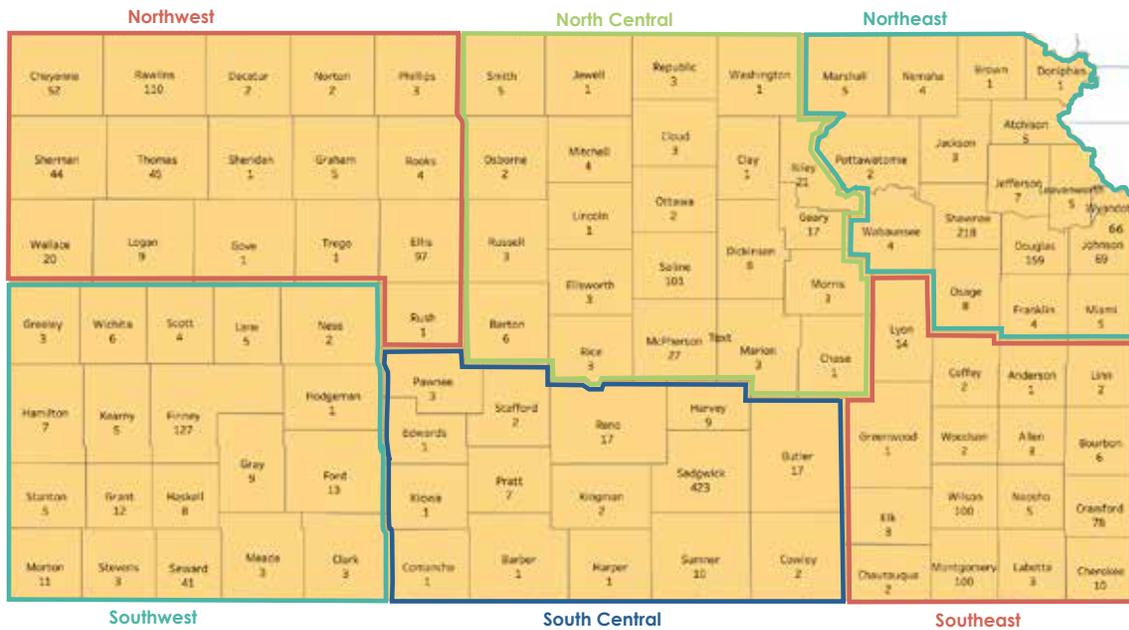


Figure 1. 2,279 stories shared by Kansans

## Component 4: Community Engagement Sessions

**Purpose:** To provide an impartial forum for Kansans from communities across the state to meet and discuss hopes and dreams for their communities and the state, as well as share their experiences and perspectives on the early childhood care and education system.

**Timeline:** May to August, 2019

**Approach:** The Community Engagement Sessions were conducted by the Wichita State University Community Engagement Institute and the University of Kansas Center for Public Partnerships and Research facilitation team. The State Directors Team selected communities and invited additional communities to volunteer to host sessions. The State Directors Team considered demographic factors, regional representation, and the extent of current early childhood infrastructure to develop an itinerary that balanced the diversity of Kansas communities. See Figure 2 for Community Engagement Session Map. During each session participants were invited to:

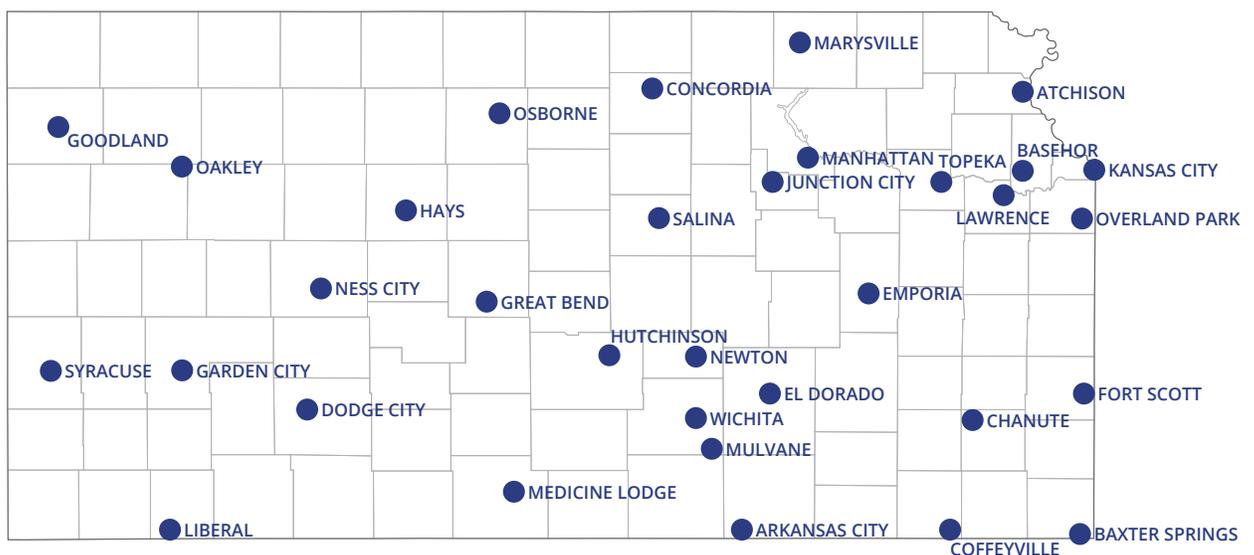
- Reflect individually on their personal perspectives.
- Take part in small group or “table” discussions.
- Share collective thoughts in a facilitated large group discussion.

Questions for the sessions included:

- What bright spots, services, or attributes does your community have to support young children and families that we should be amplifying and celebrating?
- Tell us about your vision for early childhood in your community. What would you see, hear, and experience?
- What gaps do you see between the early childhood system as it is and your vision? What is one particular area we should focus on improving immediately?

Sessions occurred in morning, afternoon, and evening times during the workweek, on Saturdays, and virtually to accommodate a wide range of community member schedules.

**Scope/Respondents:** Over 1,300 Kansans participated through 53 sessions hosted in 33 communities and virtually. Participants included parents, foster parents, grandparents, state and local elected officials, state and local school board members, business and economic development leaders, school district personnel, child care professionals, health care providers, early childhood professionals, teachers, law enforcement and court personnel, clergy, and interested community members. The Needs Assessment Team prepared session summaries and a comprehensive summary for analysis.



**Figure 2. Community Engagement Session Map**

## Component 5: Synthesis

**Purpose:** To analyze data, trends, gaps, opportunities, and themes from the various Needs Assessment components into a comprehensive picture of the Kansas early childhood landscape, to describe key findings, and to identify opportunities.

**Timeline:** April to August, 2019

**Approach:** The Needs Assessment Team cross-walked the trends and themes from all components and created a summary of common key findings. The State Directors Team and Implementation Team reviewed and refined

the findings for conversations with the advisory team. Additionally, the Needs Assessment Team pulled together data and findings to respond to all components of the PDG Needs Assessment within the Needs Assessment document.

**Scope:** Synthesis included a critical analysis of all information gathered and reviewed, a detailed summary of gaps, and a mapping of early childhood care and education services across the state. This process resulted in two key messages and eight key findings, reflected in this Needs Assessment.



## Key Terms Definitions

We developed a common understanding of key terms to facilitate our work in early childhood care and education. Across sectors, terminology differed. The definitions below reflect our common values and interests, while providing flexibility for partners, stakeholders, and providers across sectors.

### Quality early childhood care and education

Services are organized by the Kansas Children's Cabinet and Trust Fund Blueprint Building Blocks: Early Learning, Healthy Development, and Strong Families. Linkages within and between the Early Childhood Care and Education system and the broader system ensure the well-being and lifelong success of all. Quality is defined as, "Quality early care and education provides a safe, stable, and nurturing environment where every child can thrive."

### Early childhood care and education availability

In the mixed-delivery system, all families have informed, timely, and equitable access to quality services. Vulnerable and underserved children receive services to address specific needs with targeted supports that address more complex needs.

### Vulnerable or underserved children

Children who experience barriers or challenges to accessing or engaging in high-quality early childhood care and education services for a range of reasons, including, but not limited to: low household income or economic instability, homelessness, trauma, parental incarceration, foster care risk or placement, and special health care and developmental needs. Two additional populations have unique needs related to the early childhood care and education system: migrant children and children from tribal populations.

### Rural children

Children who live in frontier, rural, or densely settled rural counties, per the definitions used by the Kansas Department of Health and Environment.<sup>1</sup>

### Children with special health care needs

Children birth to five who require special services due to developmental/intellectual or social-emotional disabilities, sensory or motor impairment, or chronic illness.

### Migrant children

Migrant children birth to five who have moved from one school district to another in the past three years to enable a parent or guardian to seek or obtain temporary or seasonal agricultural or fishing work.

### Tribal children

Children birth to five from one of the four federally recognized tribal communities in Kansas (the Prairie Band Potawatomi Nation, the Kickapoo Tribe in Kansas, the Iowa Tribe of Kansas and Nebraska, and the Sac & Fox Nation of Missouri in Kansas and Nebraska).

### Early childhood care and education system

The Kansas early childhood care and education system is a tiered system of coordinated and comprehensive supports and core services that support healthy development, strong families, and early learning. Core services include early care and education, home visiting, parent education, maternal child health programs, and services, supports, and infrastructure where the child age birth through five is the primary recipient.

### Broader early childhood system

Multigenerational cross-sector services that support early learning, healthy development, and strong families. This broader system includes economic and employment supports, child protective services, health care, and behavioral health. The system encompasses navigations and intersections between the many sectors to create a comprehensive support system for families.



## SECTION 3

# Experiences of Children and Families

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### Synopsis and Findings

The Kansas early childhood care and education landscape encompasses families' experiences and elements of the mixed-delivery system, including programs, services, and infrastructure. To fully describe this landscape, we have given equal consideration to what we learned from the data and what Kansans told us.

While measures often focus on risk and deficit, we recognize that words matter. As such, our early childhood care and education system is strengths-based. We operate from the notion that children and families deserve universal dignity and are more than simply their eligibility criteria. Kansas children and families face disparities and disruptions that impact how they interact with the early childhood care and education system. Disparities are evident in the data and stories Kansans told us. Where a family lives matters. Family income matters. A family's

race and ethnicity matters. Many young children grow up in families struggling to meet basic, fundamental needs — housing, food, transportation, health, and safety. The struggles families face make it challenging for them to meet the needs of their children.

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### Key Findings

- **Families' experiences are profoundly shaped by where they live.**
  - **Too many young Kansas children grow up in families where basic needs are not met.**
-

## What We Learned

### Who makes up the birth through five population in Kansas and where do they live?

Kansas is home to 196,826 children under the age of five.<sup>2</sup> About 28% live in a rural community (frontier, rural, or densely settled rural counties) and 15% live in a semi-urban community. The majority of children live in an urban community (57%). Densely settled rural, rural, and frontier communities that have low numbers of children birth to five have higher rates of families living at or below the federal poverty level. The challenge of small numbers of children and high poverty rates in rural areas often leads to large distances for families to travel to receive services, and large geographic service areas for providers to cover.

#### 2019 Federal Poverty Guidelines

Family Size	Annual Pre-Tax Income
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170

*\*For each additional person, add \$4,420*

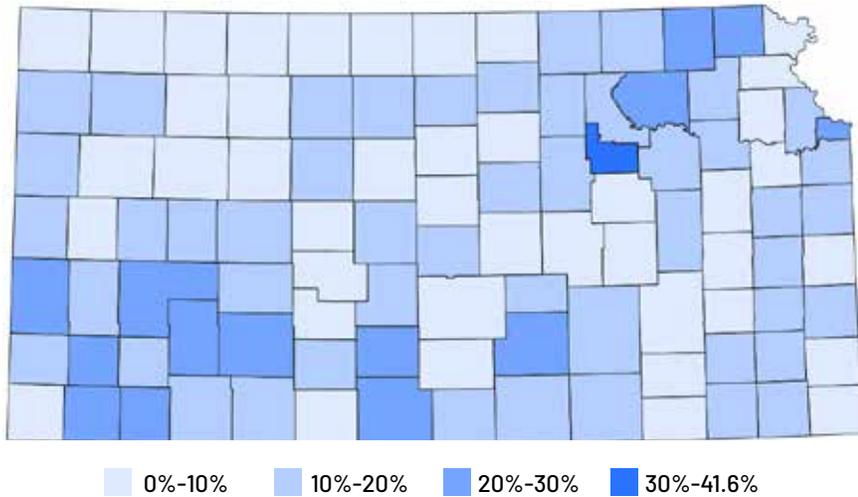
Poverty rates among racial/ethnic groups range widely, with people of color most disproportionately impacted: 39.5% of black/African American children, 32.3% of Hispanic children, 30% of Native American children, 25.9% of biracial children, 12.9% of white, non-Hispanic children, 12.6% of Asian children, and 33.7% of all other children (USCB, 2017).

### A Kansan's Story: How can anyone afford to raise kids



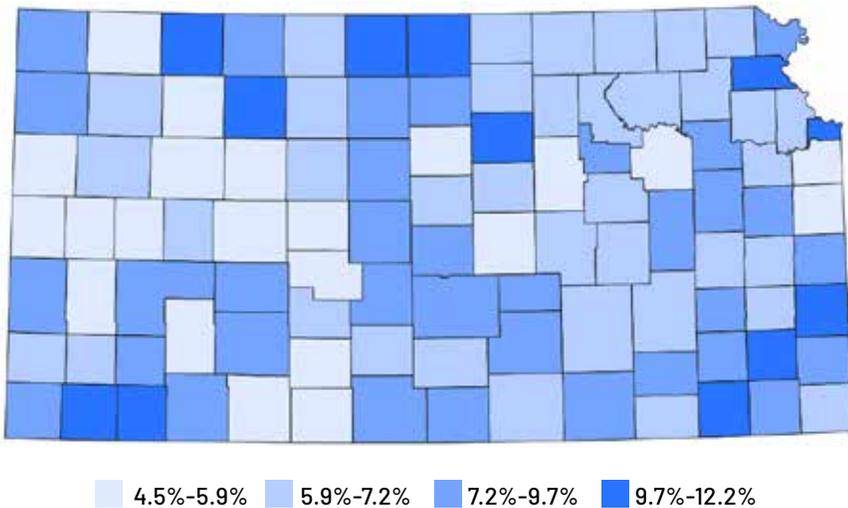
I have five children in a blended household. My husband and I both have decent jobs and work hard to provide. Our children, like most children, have a desire to be involved in many activities both in and out of school. We want them to have the opportunity to participate in such activities. Despite our income, we struggle financially to make ends meet: often choosing which bills will be paid and putting others off until a different pay-period. I have worked second jobs and missed out on activities to further my career. We still struggle. This puts a strain on us as parents and even though we try not to expose the kids to our situation, they feel the strain as well.

**Figure 3. Percent of total population under age five**



**Map of birth to five population in Kansas.**

**Figure 4. Percent of children under age five in poverty**



**Map of children birth to five population in families living at or below the federal poverty level.**

## Kansas Population Demographics

Over one-third (37%) of Kansas infants and toddlers live outside a metropolitan area (Child Trends, Zero to Three, 2019). Forty-four percent of people reside in a child care desert, defined as a census tract with more than 50 children under age five that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots. By population group, this is 60% of Hispanic/Latino residents; 54% of non-Hispanic, African American residents; and 40% of non-Hispanic, white residents. By income, 63% of the lowest-income residents (bottom quintile) and 34% of the highest-income residents (top quintile) live in a child care desert (Center for American Progress (CAP), 2017).

Race and ethnicity of births, recency of immigration, and household language vary somewhat across geography, as noted in Table 2. Our urban areas are racially and ethnically diverse, challenging the early care and education system to deliver culturally and linguistically appropriate services. In Kansas, we have similar diversity across geographies, including language and migration rates in rural and frontier communities that mirror trends in urban areas. Migrant and tribal (Native American) populations are predominantly located in rural and densely settled rural communities.

## Nearly 20% of Kansas children ages birth to five are living in poverty

- Children of color are disproportionately impacted
- Children living in densely settled rural areas have higher poverty rates than other geographic areas (23% compared to 19.4% in urban counties, for example)



**44%**  
of Kansans live in  
a child care desert<sup>4</sup>



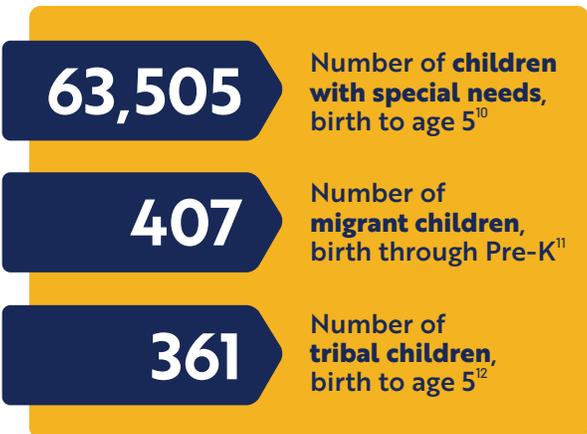
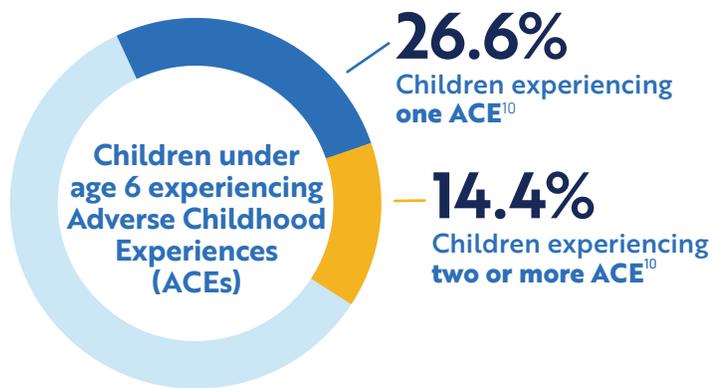
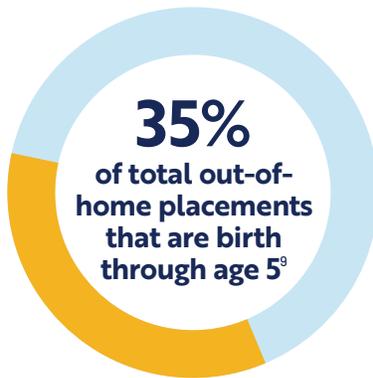
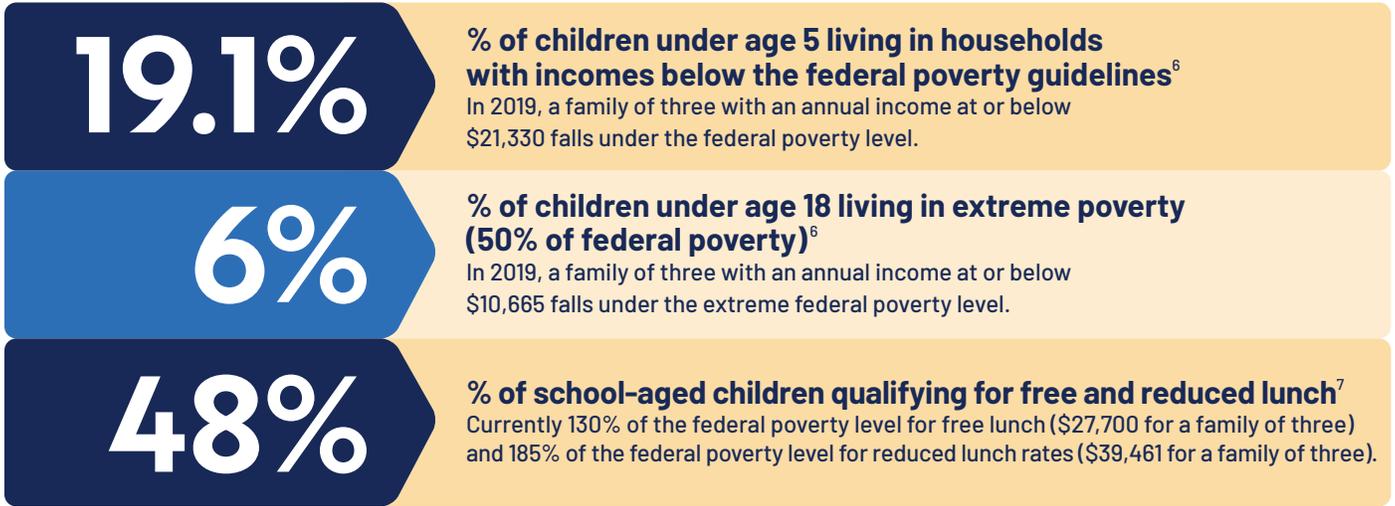
**ONLY 8%**  
of child care facilities  
offer nontraditional hours  
(evenings, weekends, overnight)<sup>5</sup>

Children experience challenges to accessing or engaging in high-quality early childhood care and education services for a range of reasons, including, but not limited to, low household income or economic instability, homelessness, trauma, parental incarceration, foster care risk or placement, and special needs. For the purposes of this Needs Assessment, we used the indicators detailed in Figure 5 to describe circumstances that impact engagement in the early childhood care and education system.

**Table 2. Children Birth to 5 Demographics by Geography<sup>3</sup>**

	Frontier	Rural	Densely Settled Rural	Semi-Urban	Urban	Total Kansas
Hispanic, any race	12.7%	9.4%	25.4%	10.9%	16.3%	16.0%
White, non-Hispanic	84.1%	87.7%	64.8%	77.0%	64.8%	69.7%
Black or African American, non-Hispanic	0.7%	0.3%	1.8%	5.1%	9.8%	6.8%
Native American, non-Hispanic	0.5%	0.7%	0.7%	0.5%	0.3%	0.5%
Asian or Pacific Islander, non-Hispanic	0.4%	0.5%	1.3%	2.3%	4.9%	3.4%
Other, non-Hispanic	1.6%	1.3%	2.0%	4.2%	3.7%	3.2%
Recency of immigration: % immigrants entering U.S. more than 10 years ago	85.3%	83.6%	80.6	76.3%	77.4%	80.6%
Household language: % of households with language other than English	8.9%	6.7%	11.9%	6.7%	12.5%	11.9%

**Figure 5. Indicators that Impact Engagement in the Early Care and Education System (Vulnerable and Underserved Populations)**



The number of children with special needs constitutes 32% of all children ages birth to five. Kansas' investments in screening for developmental health may be identifying more children sooner to get them connected with early intervention. Children from migrant populations have unique needs caused by irregular parental work hours and systemic mistrust or fear, creating barriers to family engagement in the early care and education system. Additionally, 48% of Kansas migrant students are English language learners (KSDE, 2016), and may need supportive resources in schools for academic success. Children in Kansas tribal communities thrive with early childhood and education supports anchored in tribal culture and traditions. Many tribal families experience rural service gaps in critical early childhood supports as well as access issues due to mistrust, stigma, and poor communication. Kansas tribal students had the lowest graduation rate of any racial or ethnic group in 2018 (KSDE, 2019), highlighting the critical importance of a strong early childhood and education support system for tribal communities.

Data indicates disparities across all Kansas families with children ages birth through five, based on economic, social, and geographic variables. Kansans reported basic



**23%** of Kansas households with infants and toddlers have low or very low food security<sup>16</sup>

**26%** of Kansans do not have access to healthy food sources such as grocery stores within a reasonable distance from their home<sup>17</sup>

economic struggles in every part of the state. Families are heavily impacted by the financial burden and availability of services like child care, health care, food, transportation, and housing. Maslow's Hierarchy of Needs emphasizes that physiological and safety needs must be met before focusing on other social and developmental needs. A young child whose parents are struggling to meet basic needs may experience unreliable or inconsistent care, periods of neglect, and prolonged toxic stress, which has been shown to negatively alter the developing brain (Harvard CDC 2007).

**Table 3. Geographic Distribution of Children in Kansas**

	Frontier	Rural	Densely Settled Rural	Semi-Urban	Urban	Total Kansas
Children ages birth to five <sup>13</sup>	6,553	17,689	29,251	30,455	112,608	196,826
Geographical distribution <sup>14</sup>	3.3%	8.9%	15.0%	15.0%	57.2.0%	100%
Number of children ages birth to five in poverty <sup>13</sup>	1,164	2,928	6,893	6,314	19,783	37,082
Poverty rate (below 100%), ages birth to five <sup>13</sup>	16.3%	17.9%	23.0%	21.2%	19.4%	19.1%
% school-aged children eligible for Free and Reduced Lunch <sup>15</sup>	51.0%	48.3%	57.7%	47.1%	44.9%	48.0%

**Across indicators, almost a quarter of all Kansas children and families experience significant and persistent disruptors, challenges, and barriers to thriving. The following indicators describe the circumstances that impact Kansas children and families' ability to fully meet basic needs.**



### Basic Physiological Needs

**Shelter.** Based on 2015 data, 9,131 Kansas children under age five (5%) experienced chronic homelessness (more than one year

duration or four separate incidences totaling one year) or episodic homelessness (shorter periods of time and less frequent) and only 11% received services through Head Start or McKinney-Vento early childhood programs (ACF, 2017). For families that have stable housing, high housing costs (defined as paying 30% or more of income toward housing) create a burden. High housing cost burden impacts 24% of families with children under age 18 in Kansas (ACF, 2017).



**Food.** Low or very low food security occurs among 23.4% of Kansas households with infants and toddlers (Child Trends, Zero to Three, 2019). Low food security is defined

as reported reduced quality, variety, and desirability of diet, while very low food security also includes multiple indications of disrupted eating patterns and reduced food intake (USDA, 2019).



### Safety and Security Needs

**Employment.** In Kansas, 70% of children live in households where all parents are working (Center for the Study of Child Care

Employment, University of California, Berkeley (CSCCE), 2018). Sixty-three percent of Kansas infants and toddlers (ages zero through two) have moms in the workforce (Child Trends, Zero to Three, 2019). Despite employment, 27% of families are categorized as low income according to federal guidelines (Department for Health and Human Services, Administration for Children and Families (ACF), 2017). Families living at or below the federal poverty levels are not always accessing the benefits and financial supports that are available to them. Among Kansas infants and toddlers, 3.6% living in families with incomes equal to or below 150% of the state median income participate in the Child Care Subsidy Program, which provides financial assistance for child care costs (Child Trends, Zero to Three, 2019). Only 12.3% of infants and toddlers in families

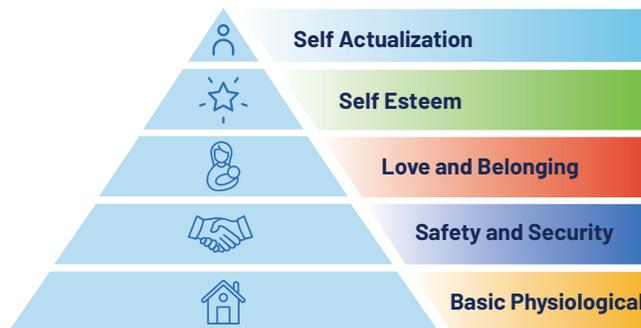


Figure 6. Maslow's Hierarchy of Needs Graphic

## A Kansan's Story: Just barely scraping by



We were just surviving, we just had our second child. Daycare was costing us double what our mortgage was. We lived in an older home that required lots of maintenance. We were living paycheck to paycheck and often times watching the credit card debt stack up. We were forced to have one child in daycare at a school and the other at an in home babysitter. It was frustrating to juggle two daycares and days off with work and running in two different directions.

living below 100% of the federal poverty guidelines receive Temporary Assistance for Needy Families cash assistance benefits (Child Trends, Zero to Three, 2019).



**Health.** Health outcomes reflected in length and quality of life for Kansas residents vary greatly across counties and regions. Twelve counties in the Southeast region of the state

rank in the lowest quartile on both health factors and health outcomes. Outcomes are affected by environmental and social factors such as community safety, employment, and access to health care, while personal behaviors such as alcohol and drug use, diet and exercise, and sexual activity contribute to these rankings as well (Robert Wood Johnson Foundation (RWJF), 2019).

Children living in Western Kansas are more likely to be uninsured. The county-level range of children without health insurance from birth to 18 is 2.9% to 13.6% (Kansas Health Institute (KHI), 2018). Sixty-six percent of communities participating in Community Engagement Sessions cited Medicaid expansion and/or health care access as a critical need for our early care and education system. According to the Head Start Smiles for Life survey, the primary reason for not obtaining dental care by parents of Head Start enrolled children was financial (18%) with 11% of respondents reporting that the dentist did not take Medicaid and 8% reporting that insurance

did not cover care (KBH, 2017). Only 26% of Kansas dentists accept Medicaid insurance (Kansas Health Foundation (KHF), 2018).



## **Love and Belonging Needs** **Nurturing and Attachment.**

Breastfeeding is an early indicator of healthy nurturing and attachment. The Kansas breastfeeding initiation rate (attempting breastfeeding within the first 48 hours after child birth) is 83.6%. African American infants in Kansas are 10% less likely than white infants to have ever been breastfed. Breastfeeding rates vary by 20% across geographical regions of the state (Kansas Breastfeeding Coalition (KBC), 2019).



**Family Adversity.** The 1998 Adverse Childhood Experiences (ACEs) study provided a foundational understanding of the link between what happens during a child's early

years and the health risk that child faces as an adult (Fellitti, 1998). In Kansas, 26% of children ages birth to five had experienced one ACE, with 14.4% experiencing two or more (Maternal Child Health Bureau (MCHB), 2017). Of those ACEs, 7.2% of Kansas children ages birth to five have experienced the incarceration of a parent (MCHB, 2017). Of all out-of-home placements in Kansas last year, 35% were children ages birth through five (2,638 children) (Kansas Department for Children and Families (DCF), 2019).

## **A Kansan's Story: Not a stable home**



When I was younger my family always struggled with having enough food. My mom was a single mother of five kids. We moved around a lot, we were in about 13 homes give or take. Because my mom would end up struggling with the rent or lost a job and couldn't keep up with the bills. I remember always saying to myself that I wished I was rich so I wouldn't have to deal with the pain of hunger or being bullied by other kids that had nice things. I would have to wear hand-me-downs I didn't care much for it. But always thought that it would be nice if I had new clothes every once in awhile, but it never happened. So I got used to the bullying and soon let it take over me. I shut out my emotions and didn't make many friends. My childhood was a time that I wish I could've enjoyed more and done more with so I would have better memories.

## What Kansans Told Us

Kansans shared stories of their lived experiences (see Appendix F for full reports from the A Kansan's Story project).

These stories highlight the persistent gap between resources and needs. Two-thirds of stories reflect an unmet need. Over one-third (36%) of the stories included unmet financial or basic needs, such as food, housing, basic utilities, transportation, safety, health care, and child care. Some Kansans reported unmet needs pertaining to parenting knowledge and stress, anxiety, and depression.

Themes from the Community Engagement Sessions mirror individual stories shared. Kansans told us repeatedly about the economic struggles of families and the limited supports available to alleviate these struggles and make it possible for them to engage with the early childhood care and education system. We heard a common theme in sessions: needs are overwhelmingly practical. Participants identified primary needs as fundamental safety, jobs, housing, health care, transportation and access to (healthy) food and necessary items such as diapers. Parents are motivated to provide quality care, education, and enrichment for their children, but pressing concerns surrounding these basic needs interfere with their ability to focus on meeting these goals.



## A Kansan's Story: Mental health service gap



We currently have several families who are just surviving. They are in need of mental health services for their child(ren) and families and it is a 45-minute trip each way to get the services. It requires them to take time off work also and this is very hard for them as they work shift hours or minimum wage jobs. The families have a child or children who have significant ACEs and the parents are struggling with supporting them.

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### Community Engagement Session Participant

***"What strikes me is the austerity versus abundance. We need seamless connections from prenatal to school-age that include awareness of these basic needs."***

### Community Engagement Session Participant

***"I want to interact with family experiences and get encouragement to be active in the community and be proud of one-self and town."***

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Stakeholders shared a common sentiment through the Facilitated Visioning Sessions, describing an inconsistency across the state in basic services and supports, including affordable housing, health care, availability of healthy food, transportation, and safe places for children to play. During Parent Cafés, housing was the second most common theme in discussions, with a need for better-quality, safe, affordable housing. Participants noted employment as a gap, or barrier, to accessing services.

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### Visioning Session Participant

***"Parents and children are living in houses that are unsafe and falling down around them because that is all they can afford."***

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## A Kansan's Story: A broken heart



My daughter was born with six heart defects. Growing up in SW Ks, there wasn't much help, healthcare wise that we had available, that was going to be able to save her life. I packed up what was absolutely needed for me, said goodbye to my home and moved to Kansas City Mo, where I lived in the Children's Mercy Hospital for the next three months. Being a single mother and alone in this huge new city was scary in itself. BUT...Being told by multiple doctors that my daughter had a 40% chance of surviving was much more gut wrenching. Three open heart surgeries and a year and a half later, I have the most beautiful, strong willed and spirited little girl in the world.



## SECTION 4

# Programs and Services

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### Synopsis and Findings

The experiences of Kansas families with young children (their resources, their circumstances, and their geography) impact the ways they interact with the early childhood mixed-delivery system in Kansas. Our Needs Assessment shows how, why, and when families with young children engage with the early childhood system at the local level. Our early childhood care and education landscape reflects the current availability, accessibility, capacity, reach, and quality of our cross-sector programs and services.

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### Key Findings

- Families with young children experience inequitable access to high-quality programs and services across the broader early childhood system.
- Families with young children experience a gap between the services that are available and their actual needs, disproportionately affecting underserved populations.
- Families must adopt a “connect the dots” approach to navigate services across sectors; disruptors are frequent and common.

## What We Learned

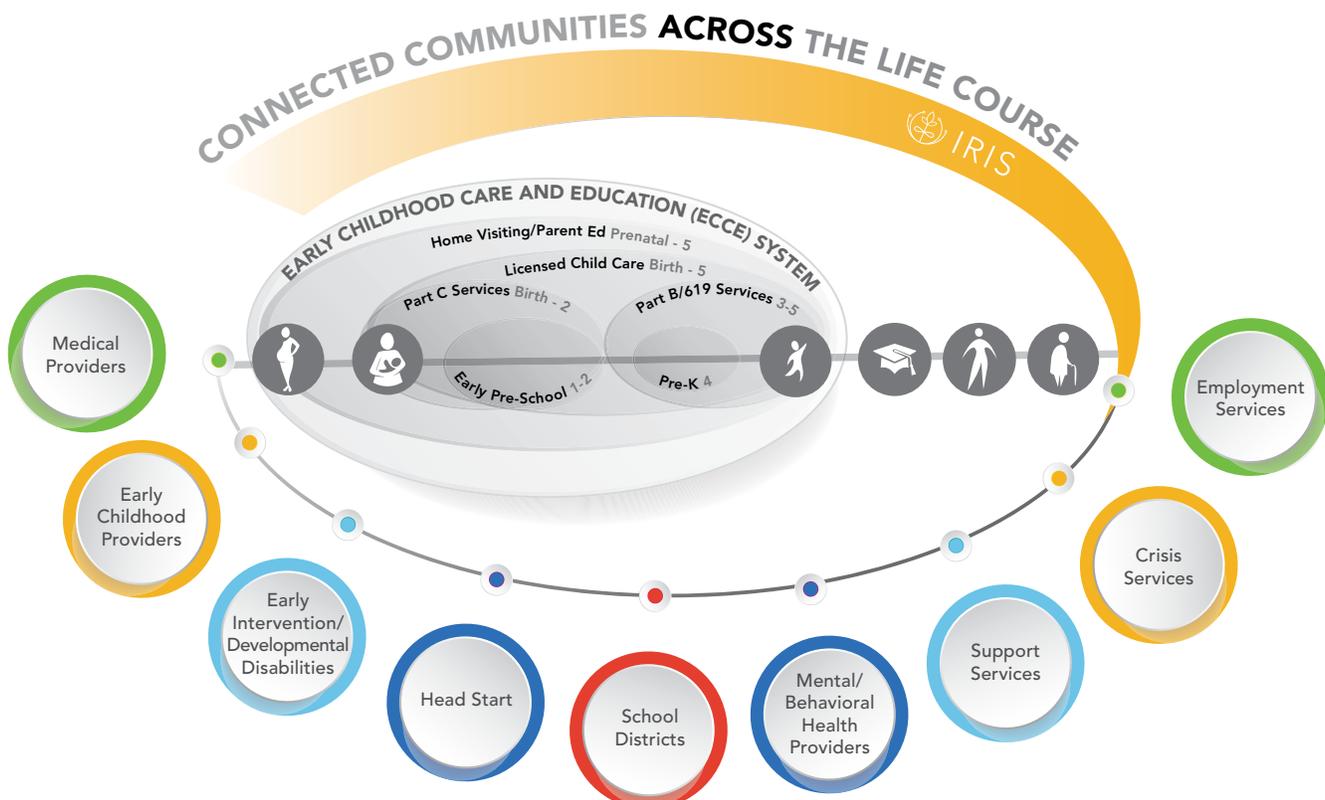
The Kansas early childhood care and education system is part of a larger comprehensive and coordinated early childhood mixed-delivery system that supports the three building blocks outlined in *The Blueprint for Early Childhood: Healthy Development, Strong Families, and Early Learning*. The Kansas early childhood care and education system focuses on services, supports, and infrastructure where children ages birth through five are the primary service recipients, while the broader mixed-delivery system speaks to supports for family needs that fall outside early childhood services. This broader multigenerational cross-sector system includes economic and employment supports, child protective services, health care, and behavioral health, as well as the navigations and intersections that ensure a comprehensive approach to supporting families. Figure 7 illustrates this relationship.

The story of availability and accessibility is more than the number and location of slots.

Kansas defines early childhood care and education availability as all families having informed, timely, and equitable access to quality services; and children receive services to address specific needs, with targeted supports aimed at addressing more complex needs. Current indicators on cost, capacity, and equity highlight several challenges to informed, timely, and equitable availability and accessibility of services within the early childhood care and education system. The indicators reinforce the messages we heard about geographic inequities and the lack of support for basic needs, highlighting racial and income inequities for families with young children. Persistent struggles to meet basic needs strain engagement with the system.

Existing programs and services have been inventoried and categorized by Building Block. Descriptions of each, including administering agency, eligibility, and recent service data, are provided in the following sections.

**Figure 7. Mixed-Delivery System**





## Building Block: Healthy Development

Healthy Development includes services and programs focused on maternal and child health, early intervention, and special health care needs. Programs focused on healthy development for infants, children, mothers, and families are primarily administered through the Kansas Department of Health and Environment, including the Title V Maternal and Child Health (MCH) Program (and a number of affiliated programs); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Newborn Screening (metabolic, hearing, heart); Special Health Care Needs; and Infant-Toddler Services (Part C of the Individuals with Disabilities Education Act: IDEA). The State Interagency Coordinating Council advises and assists the Kansas Department of Health and Environment regarding the administration of Infant-Toddler Services as well as other federally funded programs to children with disabilities ages birth through five and their families, authorized under IDEA.

Known in Kansas as tiny-k, 33 programs deliver Infant-Toddler/Part C services in local communities to children under the age of three who need early intervention services due to a developmental delay or a diagnosed condition likely to result in developmental delay. The Kansas State Department of Education is the lead agency for Part B of IDEA services to preschool-aged children (three to five) with disabilities, with services provided to this population by local school districts. Child Find activities, including developmental screenings, occur across communities and children are referred to, and evaluated by, the local tiny-k or special education program. At the local level, these services are coordinated by Local Interagency Coordinating Councils under the support and guidance of the State Interagency Coordinating Council.

**Table 4. Early Childhood Care and Education System: Healthy Development**

Program Name	Administering Agency					Primary Program Service Type	Eligibility							# Served	# Awaiting Service	Year	Notes	Flow of Funds		
	Federal	KDHE	KSDE	DCF	KCCTF		Universal	Income	Age	Geography	Other	Income Note	Other Notes							
<i>Healthy Development (Broader System Intersections: Medical, Early Intervention/Developmental Disabilities, Mental/Behavioral Health Providers)</i>																				
Autism Diagnosis					●	Developmental Screening							●		Autism	64	Unknown	FY19		State to Local
Infant-Toddler Services (tiny-k)		●				Early Childhood							●		Developmental Delays or Disabilities	10,772	NA	FY19		Federal to State to Local
Kansas Infant Death and SIDS (KIDS) Network		●				Maternal/Child Health	●									2,452	NA	FY19		State to Statewide Provider
Maternal and Child Health		●				Maternal/Child Health	●			●					B-5	4351	NA	FY19		Federal to State to Local
Infant-Toddler Hearing Aid Bank		●				Physical Health	●									22	NA	FY19		State
Newborn Screening Metabolic/Hearing		●				Developmental Screening	●									All newborns	NA	NA		State
Women, Infants, & Children (WIC)		●				Maternal/Child Health		●	●					<185%		50,681	52% eligible not served	FY18	Includes pregnant and postpartum women, infants, and children.	Federal to State to Local



## Building Block: Strong Families

Strong Families includes services to support parents through home visiting programs, prevention and family preservation services, and parent education programs. Kansas has three primary evidence-based home visiting programs (Parents as Teachers, Early Head Start, and Healthy Families America), Nurse-Family Partnership in select communities, and a pilot of the Attachment and Biobehavioral Catch-Up (ABC) program. Additionally, MCH Home Visiting is a universal model that offers outreach and referral services to pregnant women and families with infants up to one year old. The program is a critical support to serve for families in communities where other models are not available and/or eligibility is a barrier. The Kansas Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is administered by the Kansas Department of Health and Environment and includes the models listed above as well as a promising approach. Approximately 49% of Kansas families with children ages birth to five meet the targeted criteria of at least one home visiting model in the state; however, only 9% of them received services in 2017 (Child Trends, Zero to Three, 2019).

The Children's Cabinet provides the funding and support for the Community-Based Child Abuse Prevention program (CBCAP). CBCAP is the primary child maltreatment prevention funding source in the state. It is unique among child welfare programs in that it focuses on prevention by strengthening and supporting families before abuse has occurred. From safe housing to steady jobs, and from child care to parenting classes, CBCAP initiatives help vulnerable families find stability as they learn to navigate the challenges of daily life.



**Table 5. Early Childhood Care and Education System: Strong Families**

Program Name	Administering Agency					Primary Program Service Type	Eligibility						# Served	# Awaiting Service	Year	Notes	Flow of Funds	
	Federal	KDHE	KSDE	DCF	KCCTF		Universal	Income	Age	Geography	Other	Income Note						Other Notes
Community-Based Child Abuse Prevention					●	Prevention				●	●		At risk of abuse or neglect	393	NA	FY18		State to Local
Healthy Families Initiative				●		Home Visiting			●	●			Infants, residency	554	Unknown	2018		Blended
Parents as Teachers			●			Home Visiting			●					8,792	953 on waitlist	2018-19		State to Local
MCH Home Visiting		●				Home Visiting	●			●				4,468	NA	FY19		Federal to State to Local
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)		●				Home Visiting		●	●	●	●	Varies	Per model requirements	685	NA	FY19	Numbers also reflected in the various home visiting numbers throughout table	State to Local
Federal Early Head Start	●					Home Visiting/ Education		●	●	●	●	<100% or receiving public assistance	Ages 0-3; homeless and foster care auto-eligible	3,454*	Unknown	2018	Includes home visiting, child care, and child care partnership options. Not unduplicated	Federal to Local
Nurse Family Partnership		●				Home Visiting		●	●	●			Two counties only; first-time pregnant mom less than 28 weeks; prenatal to 2 years old	151 families	Unknown	FY18		Federal to State to Local; Local
Attachment and Biobehavioral Catch-up (ABC)						Home Visiting			●	●			Ages 0-4	226 families	Unknown	May 2017-present	Private funded pilot in select communities	Local

*Strong Families (Broader System Intersections: Support Services, Crisis Services, Employment Services)*

\*1,885 home visiting; 1,589 center-based



## Building Block: Early Learning

Early Learning programs and services include child care, preschool, and Pre-K. Child care includes licensed day care homes (family child care), child care centers, and preschools. Child care programs are licensed through the Kansas Department of Health and Environment.<sup>18</sup> The Child Care and Development Fund is administered by the Kansas Department for Children and Families. The Kansas Department of Health and Environment and the Kansas Department for Children and Families have an interagency agreement in place that sets out the partnership, and Child Care and Development Fund supports a portion of the state child care licensing program. The majority of licensing activities including inspections (initial, annual, compliance, complaint) are conducted by local public health departments across the state through contracts with the Kansas Department of Health and Environment. Nearly three-quarters of child care in Kansas is provided in licensed family child care facilities (including child care homes and group child care homes – 48% and 25%, respectively) and 12% is provided in licensed child care centers. Head Start programs and school district early education programs provide some of their services through community child care providers. Kansas has 31 Head Start programs, including Head Start and Early Head Start, serving 74 counties and a total of 10,023 (6,569 Head Start, 1,589 center-based Early Head Start, 1,885 home visiting Early Head Start) children, including tribal communities (ACF, 2019). Head Start programs may encompass multiple facilities and include home visiting services that are not facility-based.



Child care resource and referral services are provided by eight licensed agencies. Child care capacity is positively impacted by a variety of partnerships throughout the state. A network of agencies and state departments provide quality support and initiatives for the child care system.

School districts offer preschool programs with funding administered by the Kansas State Department of Education, including the Preschool-Aged At-Risk (State Pre-K 4-Year-Old At-Risk) program, the Kansas Preschool Pilot, and Part B. Some districts extend their preschool offerings by blending and braiding local, private, and Head Start funds. Additionally, the Children’s Cabinet administers the Early Childhood Block Grant, which provides grants to agencies and programs across the state to support collaboration and delivery of evidence-based early childhood programs in local communities.

Across Kansas, 41 counties fall below 50% of the Extent Desired Capacity Meets Potential Demand (Desired Capacity divided by the Number of Children Potentially Needing Care), consistent with the finding that 44% of Kansans live in a child care desert (CCA-KS, DCF, 2018).

The average annual cost of full-time care in a child care center in Kansas ranges from \$9,430 for preschool-aged children to \$10,955 for infants. For full-time care in family child care, the average range is \$6,235 to \$6,749. This means the average annual cost of full-time care for an infant in a family child care home represents 13% of the state median household income. The annual cost of full-time care in a child care center represents 20% of the state median household income (CCA-KS, 2018; CCA-KS, DCF, 2018). Less than half of all providers accept subsidy: 37% of family child care homes and 46% of child care centers are Department for Children and Families child care subsidy providers (CCA-KS, 2018). For single parents of infants and toddlers, child care costs 48.7% of income (Child Trends, Zero to Three, 2019).

For the purpose of the needs assessment, we have estimated numbers served and capacity of early learning programs to provide a high-level assessment of the ability of the mixed-delivery system to meet the needs of Kansas families. Because we do not have unduplicated counts, we know that the numbers may be duplicative across programs and not reflective of accurate counts. For example, a four-year-old child might attend a half day of Head Start and a half day of at-risk preschool to equal one full day of early learning. That child is counted in both Head Start and at-risk preschool numbers since there is not currently a way to track across programs. Moreover, the program may be funded to provide either a half-day slot or a full-day slot, both of which are counted as one slot, making the number of slots an inconsistent estimate. For Table 6, we have included actual number served, with the exception of Licensed Child Care Services. For Licensed Child Care Services, we have used the number of slots. Number served is not reported or available.



**Table 6. Early Childhood Care and Education System: Early Learning**

Program Name	Administering Agency					Primary Program Service Type	Eligibility						# Served	# Awaiting Service	Year	Notes	Flow of Funds	
	Federal	KDHE	KSDE	DCF	KCCTF		Universal	Income	Age	Geography	Other	Income Note						Other Notes
<i>Early Learning (Broader System Intersections: All)</i>																		
Child Care Licensing		●				Child Care	●						Not a direct service to children	NA	NA	NA	Not a direct service to children	State to Local
Child Care Quality/ Quality Initiative for Infants & Toddlers				●	●	Child Care	●			●			Not a direct service to children	372	NA	FY19	Not a direct service to children	State to Statewide Provider
Child Care Resource and Referral				●		Child Care	●						Families; not a direct service to children	10,096	NA	2018	Families; not a direct service to children	State to Statewide Provider
Licensed Child Care Services		●				Child Care	●						Excludes slots for school age	75,201	Unknown	2018	Excludes slots for school age	Fee-Based
Early Childhood Block Grant (ECBG)					●	Early Childhood		●	●	●	Free or Reduced Lunch		Meet at-risk criteria set by local grantee	7,457	Unknown	FY19	Not unduplicated	State to Local
Early Childhood Special Education			●			Education			●	●			Age 3-5; developmental disabilities	6,961	NA	2018-19	Not unduplicated	State to Local
Federal Head Start	●					Early Childhood		●	●	●	<100% or receiving public assistance		Ages 3-5; homeless and foster care auto-eligible	6,569	Unknown	2018	Not unduplicated	Federal to Local

**Table 6. Early Childhood Care and Education System: Early Learning**

Program Name	Administering Agency					Primary Program Service Type	Eligibility						# Served	# Awaiting Service	Year	Notes	Flow of Funds
	Federal	KDHE	KSDE	DCF	KCCTF		Universal	Income	Age	Geography	Other	Income Note					
<i>Early Learning (Broader System Intersections: All)</i>																	
Kansas Early Head Start				●		Early Childhood	●	●	●	●	<100% or receiving public assistance	Ages 0-3; homeless and foster care auto-eligible	Reflected in federal numbers	Unknown	2018	Includes home visiting and child care options; children in child care options also meet subsidy requirements	State to Local
Preschool-Aged At-Risk (State Pre-K 4-Year-Old At-Risk Program)			●			Early Childhood	●	●			Free Lunch	Ages 3 and 4; all 4-year-olds statewide must be served first	8,064	Unknown	2018-19	Not unduplicated	State to Local
Kansas Preschool Pilot			●			Early Childhood	●	●			Free or Reduced Lunch	50% must meet at-risk criteria; ages 3 and 4	2,996	Unknown	FY19	Not unduplicated	State to Local
Locally funded public school			●			Early Childhood		●					8,488	Unknown	2018-19	Not unduplicated	Local
Child Care and Development Fund (CCDF)	●			●		Child Care	●		●	<185% FPL	Total number served including school-age children		8,823	Unknown	FY19	Monthly average	Federal to State

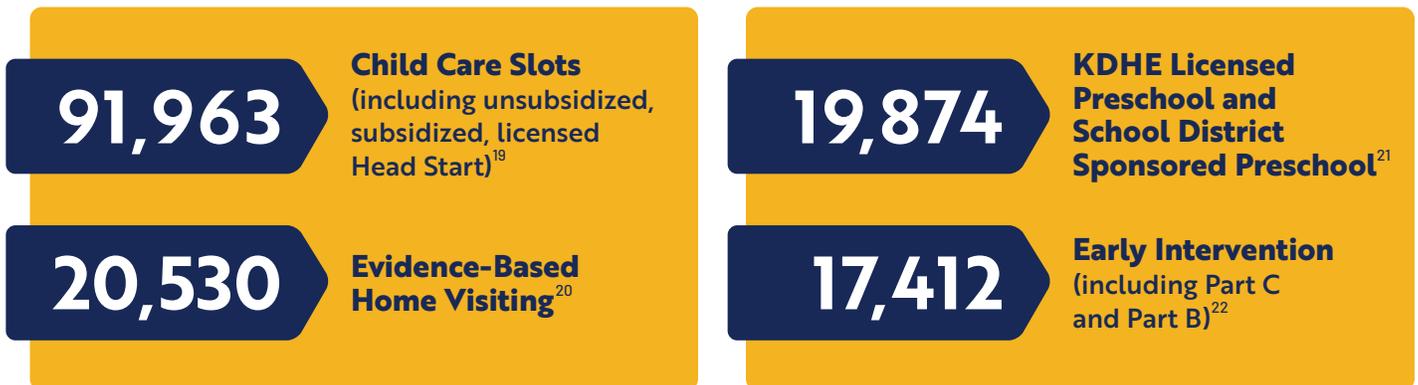
## Capacity of Kansas Mixed-Delivery System

There are gaps in the total capacity of services and the availability of a full continuum of early care and education programs depending upon where a child lives. We analyzed the limitation of our data for unduplicated counts and the lack of signifiers of underserved populations to assess representation in our mixed-delivery system. The picture this painted is compelling: Many children simply do not have access to high-quality early care and education programs in our state. Accessibility issues particularly impact children living in rural communities, and children from African American, Native American, and Hispanic families. We are currently unable to ensure every Kansas child has an equal opportunity to receive needed early care and education services.

The estimated capacities of our mixed-delivery system at the state level are shown in Table 7, and they represent a 12-month period. Early intervention reflects actual numbers served for FY 2018. For Table 7, it is important to note that the numbers presented assume these programs do not overlap and do not serve the same children. However, we know there is duplication in counts across mixed-delivery interventions. This limitation underscores the imperative for quality early childhood data and systems.

Data come from four sources including the Kansas State Department of Education, Children's Cabinet, Kansas Department of Health and Environment, and Child Care Aware of Kansas. Additional information on the data sources including the ages of children served and definitions of the mixed-delivery system interventions are found in footnotes. The following is a breakdown of the capacity across Kansas.

**Table 7. Kansas Mixed-Delivery System Capacity, 12-Month Period**



## Reach and Availability

Kansas does not have a unique identifier for child-level data. Without integrated data to derive unduplicated counts, we are not able to accurately assess the reach and availability of services in our mixed-delivery system. Section 5 provides a detailed description of our current data capacity and limitations. Once data issues are addressed, we will be better positioned to drive equitable access to limited services or increase capacity and availability in high-poverty geographic areas.

In the absence of an integrated data system, we utilized the best available data from early childhood care and education programs, including child care (subsidized and unsubsidized), universal and evidence-based home visiting, preschool, Pre-K, and Head Start, to analyze the reach and gaps of our mixed-delivery system. Program data are detailed in Tables 4, 5, and 6 on the preceding pages.. For these calculations, we based population numbers on 2017 census estimates. There were 196,826 children ages birth to five in Kansas, 37,082 of whom are living in households below the federal poverty rate, \$21,330 for a family of three.

The bottom line is that there are not enough services to reach all children birth to five in Kansas. We still have gaps when services are directed toward children living in households below the federal poverty rate. Based on the number served in the last fiscal year:

- **Home visiting programs can serve only 9% of all Kansas families.**

16,761 served/196,826 children ages birth to five

- **Publicly funded preschool programs, including Part B, Preschool-Aged At-Risk (State Pre-K 4-Year-Old At-Risk), Kansas Preschool Pilot, locally funded three and four year-old preschool, and Head Start, could serve only 42% of all three- and four-year-old population.**

33,078 served/78,730 estimated three and four year old population

- **Child care assistance is reaching only 12% of children ages birth through five living in households below 100% of the federal poverty rate.**

4,384 served/37,082 (This is a rough estimate. There are even more families that are eligible for assistance, at 185% of the federal poverty rate. The income-eligible assistance program also has work requirements, which make some families ineligible for subsidy.)

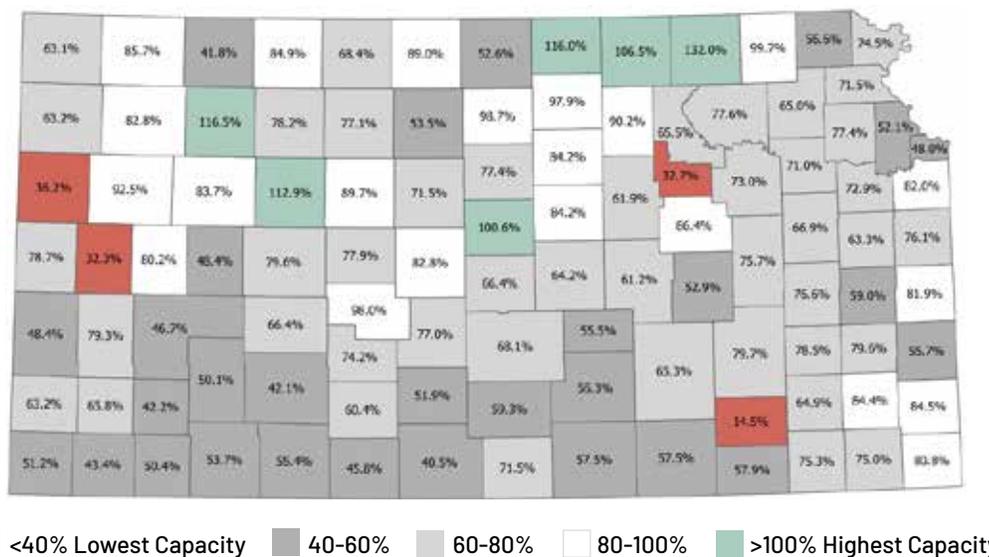


Figure 8. Estimated capacity of programs and services to serve all children birth to five by Kansas county.

**54% of programs self-report they do not provide information to families about community services, and only 18% do so two or more times per year, missing a key opportunity to connect underserved families to community services.**

To better understand the capacity variance across the state, we examined whether our mixed-delivery system could provide at least one service (either preschool, child care, or home visiting) per child to every child ages birth to five at the county level. We recognize that many families need more than one service to meet their needs – for example, a child attending half-day preschool in the morning likely needs child care in the afternoon so that their parent can go to work. This methodology does not account for multiservice needs of families. In rural and frontier counties, services are often provided across county lines. As such, county-level capacity may not provide an exact one-to-one match of services to children in need. Statewide, an average of 78.6% of children ages birth to five could receive one service with current capacity at the county level. Based on this methodology, four counties have the capacity to provide just one service to less than 40% of children ages birth to five. There are six counties with the capacity to provide at least one service to over 100% of children ages birth to five in their communities.

## Navigation

Many early childhood care and education agencies and organizations focus on connecting and engaging eligible children and families, as well as changing perceptions and stigmas associated with services. However, there are missed opportunities to do so in a coordinated and efficient manner. Available resources are derived from various funding sources, each with its own program standards, eligibility, reporting, data tracking, and funding requirements. Programs and models have varying definitions of "high-risk" or "at-risk," resulting in a range of eligibility criteria and qualifications for families accessing services. Communities have a variety of entry points into services, with varying methods of reaching underserved families. Per our Environmental Needs Survey, 54% of programs self-report they do not provide information to families about community services, and only 18% do so two or more times per year, missing a key opportunity to

connect underserved families to community services. As a result, families are not informed of the continuum of services and may experience the system as fragmented or disjointed, depending on how and when they are connected to services.

Additionally, numerous disruptors exist for families across the early childhood care and education system. These disruptors include gaps between needs and available services due to loss of services/slots, insufficient slots in communities, or needs not met by current availability (such as nontraditional child care hours); cultural and language barriers; transitions triggered by child age or change in family circumstances (including children in out-of-home placements), incarcerated parent, or some other crisis/adverse event, and geographic barriers due to service proximity or ZIP code/county residency requirements. Similar trends emerged across the broader system, with gaps around basic and economic skills and supports, health services, and crisis services (especially when families are involved in the foster care system, a parent is incarcerated, or a parent faces substance abuse problems).

Migrant and tribal children in Kansas face unique needs and challenges related to navigating the early childhood care and education system. Disruptors for migrant children include mobility, frequent absences from preschool programs, late enrollment during program years, social isolation, and living with families with low incomes (MEP, 2013-2014 Needs Assessment). Disruptors impact the opportunities children have to engage with the system. Engagement in services may not be consistent or continuous, access to available services (especially health care) may be limited, and children may arrive at kindergarten without the preparation needed for success. Accessibility barriers for children in tribal populations include lack of resources to meet basic needs, distance to services, and family circumstances such as separations. One tribal community reported 103 children enrolled

across Head Start, Early Head Start, Part C, and Part B services, with an additional 91 children on waiting lists. In another community, 50% of survey respondents said that there were not enough child care options, while 25% said that existing child care was either not open at convenient times or was not trusted. Cultural and linguistic needs should be taken into consideration, particularly for migrant and tribal families.

We also considered accessibility and availability for children with potential delays or disabilities. Part C (tiny-k) programs across the state undertake a wide range of Child Find activities, including screenings at local events, community service announcements in local media and social media, and dissemination of information about services through partner organizations like doctors' offices, child care providers, and health departments. Children are referred to local tiny-k programs for evaluation via a wide network of cross-sector referral partnerships at the local level. Developmental screenings are a primary source for referrals. Kansas has invested in building an effective and efficient system of developmental screening and promoted the use of evidence-based screening tools, including the Ages & Stages Questionnaires Third Edition (ASQ-3™) and the Ages & Stages Questionnaires Social Emotional Second Edition (ASQ:SE-2™). In 2018, over 30,000 parents completed screenings through Early Childhood Block Grant, Title V programs, and the Kansas Kindergarten Readiness Snapshot. During the 2019 Part C Needs Assessment, providers participated in a developmental screening survey to better understand screening practices and barriers. Of the 550 respondents, a high percentage (about 90%) indicated the use of a validated developmental screening tool, and 69.4% of child care affiliated respondents indicated the use of validated tools. Respondents most frequently indicated referrals to tiny-k following positive screening results, but the survey results suggest there are still opportunities to improve both developmental screening practices and referral rates to tiny-k.

Navigating between systems of services for children with disabilities or special health care needs can be complicated for families with young children. Families can access support for navigating health care and other systems via the Kansas Special Health Care Needs program (KS-SHCN) Care Coordination model. In fiscal year 2019, 52 families received care coordination services through eight satellite offices, housing 12 care coordinators and one family leader consultant. This program is voluntary

and free to any family with a child who has a special health care need or disability. The Care Coordination team strives to empower families and individuals to feel confident in navigating services and supports while having a consistent person available to them for assistance, support, and understanding as they meet their goals.



## Transitions

Transitions are a fundamental component of a high-quality early childhood care and education system. Experiences vary greatly across Kansas and are strong when local energies and efforts are in place between early education providers and various cross-sector partners. Transitions within the Kansas early childhood care and education system are strongest between early education providers (including home visiting programs) and Part C providers. Formal processes exist between Part C and Part B for children with developmental delays or other special needs. However, the current Part C Needs Assessment indicates almost one in four Kansas children (22.9%) exit Part C without having their Part B eligibility determined (SFY 2017 = 12.1%; SFY 2018 = 20.0%).

Efforts targeted at smooth transitions into kindergarten, when noted, exist largely at the community level as part of the partnership between Head Start programs and local school districts or as part of the transition built into Part C and Part B services. State and federal regulations and guidelines inform the process; however, there is no standard structure or expectation in place regarding transitions practices.

Transitions from Pre-K to kindergarten are similar according to our Pre-K Survey of Kansas school districts. While almost 70% of responding districts (167/245) have formal transition plans or procedures for transitioning their own Pre-K students into kindergarten, only 35% (86) have a formal plan or process for transitioning children from other early childhood programs into kindergarten. More than half (125) rely on informal processes. Another 13% do not have any transitions plans into kindergarten.

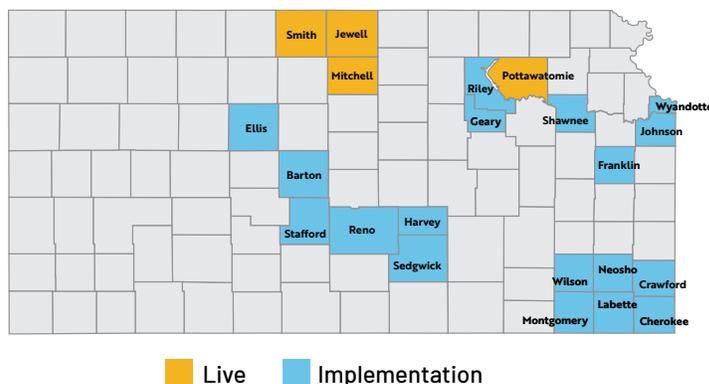
All Kansas kindergarten classrooms use the Ages & Stages Questionnaires (ASQ-3 and ASQ:SE-2) to provide a snapshot of children’s developmental milestones upon kindergarten entry. All Kansas kindergarten classrooms were required to administer the ASQ-3 and ASQ:SE-2 between August 1 and September 20 during the 2018-2019 and 2019-2020 school years. Teachers and administrators partnered with parents and caregivers to support their completion of the questionnaires. More than 47,000 screenings were reported between August 2018 and January 2019 (24,463 ASQ-3 screenings and 23,238 ASQ:SE-2 screenings), compared to roughly 38,000 kindergarten students enrolled for the 2018-2019 school year (ENRL reports 38,132). The Kansas State Department of Education set a goal of 75% participation for the 2019-2020 school year and continues to improve processes to accurately calculate participation and analyze this data.

To facilitate transitions and address availability and accessibility to early care and education services, Kansas uses Help Me Grow and the Integrated Referral and Intake System (IRIS) as community-level innovations. The Help Me Grow framework has been piloted in three communities to promote integrated, cross-sector collaboration as part of an effective and comprehensive early childhood care and education system with four core components: Family & Community Outreach, Provider Outreach, Data Collection, and Centralized Access Point. Help Me Grow builds on what is already working at the community level to engage families and partners in creating an accessible and connected system. Communities receive backbone support for their collaborative teams, and work closely with the State Directors Team to align existing programs and services within the Help Me Grow framework.

IRIS is a web-based communication tool for referrals that can be customized to include any partner from across the broader early childhood system. IRIS reflects the multisector partners of the local community.

Communities customize referral forms to meet local needs. Partners track each independent referral for families in a community and can clearly identify where a family is in the process with another partner. IRIS also allows an organization to visibly display their capacity to receive referrals, allowing a community to self-assess which organizations are consistently “full,” where the most referrals are going, which organizations “close the loop” effectively, and how many referrals are successfully completed for families. IRIS provides an easy-to-use system that supports transparent communication, data-driven assessment of IRIS’ effectiveness and partner accountability, and the technology to connect partners regardless of their organizational data systems.

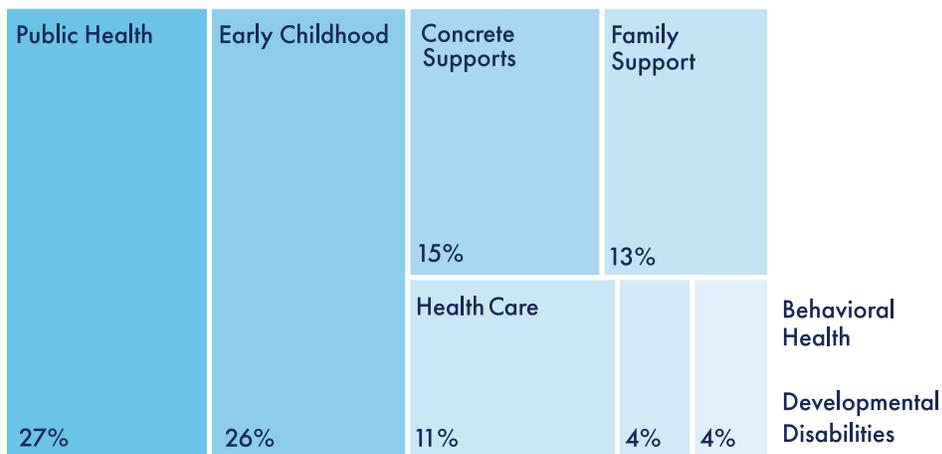
To date, 13 communities, comprising 18 counties, have been using IRIS between several months to over two years (2017-2019). In that time, those 13 communities have over 302 multisector partners involved in IRIS communities.



### **Kansas Communities & Partner Organizations using IRIS**

A quarter of those partners are early childhood providers in our mixed-delivery system; a quarter are public health entities providing maternal, child, and community health programs; and the remainder include community-based programs for concrete support (e.g., transportation, housing, food assistance), family supports (e.g., parenting, fatherhood programs, K-12 after school), health care, behavioral health, and developmental disabilities.

The data gathered to date helps illuminate a compelling story about how IRIS and communities have come together to ensure families transition successfully between community-based services. Specifically, communities using IRIS are able to track successful bidirectional referrals between partners and determine the outcome of each referral. These successful community collaborations



**Partner Organizations Using IRIS by System Sector**

have ensured that 42% of the 5,835 referrals sent through IRIS across our state have resulted in successful engagement in services. Over 4,150 Kansas families have been connected to services, social supports, health care, and basic need assistance. Helping families navigate and transition to services within their communities has been a vision shared by early childhood partners who championed IRIS initially and who have helped grow their networks to wrap around children and families.

Other key initiatives address ongoing quality improvements across the early childhood care and education system, providing indicators, standards, and guidelines for disseminating best practices, and implementing with fidelity.

### **Kansas Family Engagement and Partnership Standards for Early Childhood**

In 2014, the Kansas Parent Information Resource Center led a group to establish family engagement and partnership standards for early childhood care and education providers in Kansas. Kansas Parent Information Resource Center is currently disseminating recommendations and strategies for each standard.

### **Kansas Pre-K Guide and Kansas Full-Day Kindergarten Guide**

A grant from the W.K. Kellogg Foundation supported the development of these guides, which outline quality early learning practices. Early childhood professionals from

across the state collaborated to create these resources to provide Pre-K and kindergarten teachers with common expectations for kindergarten readiness. The guides provide Pre-K teachers, kindergarten teachers, providers, and administrators with common language and references for high-quality and evidence-based practices. Guides outline recommendations for a program’s learning environment, classroom management, family engagement, curricular standards, assessment, and program structure. Both guides have been implemented in 15 districts statewide and workshops are now being offered at regional Education Service Centers to train others in their use.

### **The Kansas Quality Recognition and Improvement System (QRIS) – Links to Quality**

Links to Quality is Kansas’ Child Care Development Fund-aligned QRIS initiative. Links to Quality is a statewide network of resources that recognizes and supports child care providers’ efforts to improve quality, empowers families to make informed decisions about child care, and connects parents and providers to essential resources. The Links to Quality pilot launched in April 2018 and consists of five learning communities in 18 high-need counties across Kansas. Another key component of the Kansas QRIS is the Kansas Quality Network, a website that helps families, child care providers, and communities find resources available for the advancement, support, and recognition of continuous quality improvement efforts in child care in Kansas.

## Child Care Quality Initiative

Child Care Aware of Kansas strives to make high-quality child care available to families by helping parents locate child care in their area and by offering continuing education to providers. For the quality initiative, Child Care Aware of Kansas uses Strengthening Families, an approach that bolsters protective factors to reduce child maltreatment. The Child Care Quality Initiative focuses on underserved rural areas and offers coaching and peer collaborative learning to model effective caregiver-child interactions and child care quality.

## The Kansans Can Star Recognition Program

The Kansans Can Star Recognition Program is a new initiative of the Kansas Department of Education that recognizes districts for outcomes in social-emotional growth, kindergarten readiness, individual plan of study, high school graduation preparedness, high school graduation, civic engagement, and postsecondary success. Districts excelling in these areas are being recognized with gold, silver, bronze, or copper stars in the outcome areas. The Kansas State Department of Education engaged an interdisciplinary team of early childhood stakeholders to develop a rubric to recognize excellence. The program highlights communities that offer quality, inclusive opportunities to young children and their families. It promotes a systemic focus on early childhood and a commitment to strong community partnerships at the local level. Districts will have the opportunity to apply for recognition, incentivizing the adoption of best practices, including best practices related to quality early learning.

## What Kansans Told Us

Kansans told us repeatedly that accessibility and availability are challenges for both the early childhood care and education system and the broader early childhood system. Awareness, fear and stigma, capacity, navigation, and enrollment/eligibility are some of the challenges preventing families from receiving needed services.

Over half of the Our Tomorrows stories were shared by often unheard voices, including low-income working families, rural families, migrant families, single-parent families, and families impacted by special health care needs, mental health conditions, foster care, or incarceration. Disruptors that negatively interrupted a family's trajectory were common and present in nearly three-quarters (73%) of the stories. Health or family separations were the most mentioned disruptors and account for over half of all events that negatively interrupted a family's trajectory in the early childhood system and life course. One in every five (20.2%) stories had disruptors focused on health crisis, health care, or ongoing medical problems. The next most common type of stories with disruptors were about family separation (16.2%), where families were broken up due to divorce, incarceration, death of a family member, deportation, or children removed from the home (see Appendix F for the complete Our Tomorrows reports).

## A Kansan's Story: Who do I turn to?

Life was difficult as my husband had been deported and I was forced to go to work to help support our four children. We were sharing a rental house with my two brothers, who although they helped pay the rent, did not actively assist with food, utilities, etc....Because I worked nights, my children were left w/ my brothers who did not supervise them well. I would come home to a house that was cluttered, food everywhere, as my brothers set no boundaries with my children. I would try to clean as best I could, but needed to sleep when I arrived home early morning. I was tired, depressed and felt like I could not meet the needs of my family as a mother.

In 66% of Community Engagement Sessions, we heard from Kansans that there is a gap in knowledge of early childhood and the services available for children and families. There is inconsistent awareness and understanding of the importance of early childhood and the critical role a parent plays in their child's development every day. Lack of awareness is not limited to parents; community members often do not understand why early childhood care and education is important for everyone. Respondents frequently used the word "normalize" to discuss the need to change perceptions. They also noted that many parents are not aware of the early childhood services available. Several communities cited fear of accessing services as a barrier. Some families fear utilizing services will somehow put them "in the system." This is a pressing concern for immigrant families or families with previous interaction with child protective services.



**Visioning Session Participant**

***"Accessing early childhood resources should be as common as going to the grocery store and part of our community conversations."***

**Community Engagement Session Participant**

***"If we educate our community about existing needs and issues, there is less of the mentality that if it doesn't affect me, it's not my problem to solve. If it affects one community member, it affects us all."***



Community Engagement Session participants voiced a shared concern about the difficulty of accessing and engaging in early childhood care and education services because they were not universally available or known. Stakeholders frequently expressed a desire for a comprehensive listing of services available in the community. They identified several specific accessibility and availability challenges: insufficient capacity to meet family needs or circumstances, lack of transportation to services, cost of services, locations of services, and cultural and linguistic barriers. Infant/toddler care is expensive, in very short supply, and "desperately needed."

Some services have long waitlists. Service availability is not always in sync with work and family commitments, such as second and third shifts or nontraditional hours. Frequently, parents are unable to leave work to participate in activities in their child's child care settings. Transportation is often unavailable for linking half-day preschool programs with child care for the remaining time parents are at work. Consequently, some children arrive at kindergarten with no exposure to early childhood services.

Stakeholders consistently mentioned the lack of affordable, accessible child care in every Facilitated Visioning session. The shortage is particularly severe for infants, for children with special needs, and during nontraditional work hours (e.g., second and third shifts and weekends), as well as in rural and frontier counties. Universal access to preschool for all three- to five-year-old children was mentioned as a vision in almost every session, echoing the Community Engagement Session concern that significant numbers of young children do not have preschool experiences prior to kindergarten. Visioning participants noted challenges when early childhood services were too limited by eligibility criteria, excluding families above the poverty level or without significant risk factors.

In many communities, publicly funded preschool is available only to children who meet eligibility requirements, such as from low-income families, those considered at risk (e.g., single-parent households, in or at risk of out-of-home placement, teen parent), and those with special needs. However, for other families, private preschools are either unavailable or unaffordable. Additional barriers to preschool participation are transportation (particularly for part-day programs) and the length of the preschool program. For parents who stay home with their children, a full-day program is too long; for families where both parents work outside the home, a part-day program is too short. More flexibility in scheduling could better accommodate the range of family needs. Stakeholders noted that expanding public preschool options for three- and four-year-olds has the potential to negatively impact the private child care sector without thoughtful planning and partnership.



**Community Engagement Session Participant**  
***"We need some means of funding integration that would provide equal access for all children to high-quality programming, i.e., when Head Start slots are full, families who qualify are wait-listed rather than being able to get into another program."***

**Community Engagement Session Participant**  
***"I work 11 a.m. to 11 p.m. and am lucky I have a good network to pull it all together, but each day is new day ... heaven forbid someone gets sick."***

**Community Engagement Session Participant**  
***"Despite all our resources, we still see too many children showing up for kindergarten completely unprepared for school. I wonder what we need to do to help them."***

**Community Engagement Session Participant**  
***"I could use less stigma and more intense and informative parenting support."***

Health care accessibility and availability was also a significant concern. Stakeholders noted that Kansas has communities without a pediatrician within a 60-mile radius, limited access to dental care, especially in rural areas, and a lack of specialists outside urban areas, including physicians and allied health professionals. They also widely voiced a need to expand Medicaid to cover more Kansans. In addition, there is a significant shortage of mental/behavioral health services for parents and children across the state. Stakeholders noted a lack of adult mental health services, as well as a need for more resources related to childhood trauma, including earlier identification, cross-sector staff training, and resources to support transitions/disruptions. Behavioral health services for young children are very limited, even in more populated areas. For parents, the shortage is even greater, resulting in negative impacts on children and the entire family. Community Engagement Session participants particularly raised challenges with the accessibility of health services. The lack of availability of mental health services for ages birth to five was discussed in 86% of participating communities.

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**Visioning Session Participant**

***“No matter where you live, families should be able to get the same level of service, utilizing technology and other innovations.”***

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Compounding the availability and accessibility issue is the “a la carte” nature of early childhood care and education resources, which are often offered independent of one another and require parents to adopt a “connect-the-dots” approach to problem-solving. Most families must independently navigate the system, initiating inquiries based on programs they know about related to their interests and needs. Early childhood care and education professionals report parents are often unaware of potentially beneficial resources. This statement resonated with stakeholders as an explanation of both sides of the equation: Parents may not know about resources until there is a crisis and programs may not reach out to parents pre-crisis or in a preventive approach.

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**Community Engagement Session Participant**

***“I’ve lived here all my life, and I had no idea of all these programs that I could be using.”***

**Visioning Session Participant**

***“We need to practice the Golden Rule of working with families – go to them where they are (physically, mentally and emotionally) and don’t wait for them to come to us. This ‘Golden Rule’ also applies to meeting families where they are culturally and ensuring that there are multilingual providers to support this connection.”***

**Visioning Session Participant**

***“You have to be in crisis to get connected.”***

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It is often unclear, even when family needs are defined, which program(s) in the early childhood care and education system are the most appropriate provider of services. Parents face additional barriers in figuring out how to enroll in and access services.

Community Engagement Session participants noted challenges because processes for program eligibility determinations and administrative/operational regulations are complex, conflicting, and overwhelming to parents and program administrators alike. Parents most often mentioned feeling overwhelmed by the duplication of paperwork and interviews required to establish eligibility of economic needs, as well as for obtaining access to social service resources. This feeling was underscored by professionals facilitating such processes with families. They are empathetic, particularly for non-English speakers and those with low reading skills. Early childhood care and education professionals cite substantial paperwork and documentation requirements, which differ by funding source, as well as conflicting regulations from federal, state, and municipal authorities as challenges.

During the Facilitated Visioning Sessions, stakeholders emphasized the importance of effective transitions. Respondents noted better early childhood care and education and K-12 collaboration as part of effective transitions into kindergarten. They also noted that child care providers typically are not involved with transition planning, but they could be helpful because of their relationships with parents. Foster care and child welfare agencies are often not at the table, resulting in poor transitions back into the home. Overall, stakeholders indicated that gaps in transitions across the broader early childhood system cause children and families to disengage from services, only to re-engage when another crisis emerges.

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**Visioning Session Participant**

***“We need to create smoother transitions among the varying resources that support young children and families – a continuum of care and support.”***

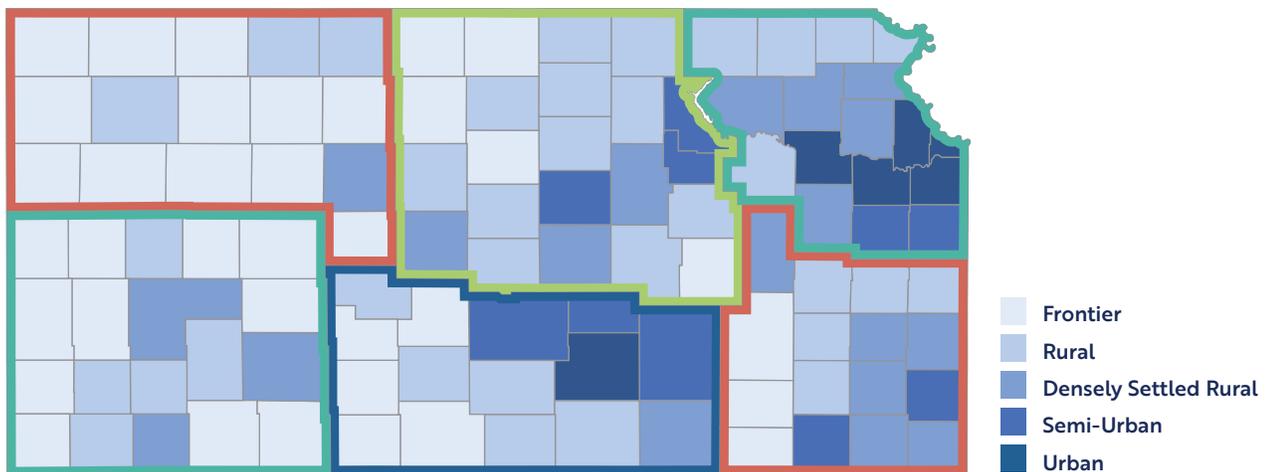
**Visioning Session Participant**

***“Disconnect is common during transitions, particularly from early childhood to K-12 systems, leaving families unsupported and at-risk.”***

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## REGIONAL PROFILES

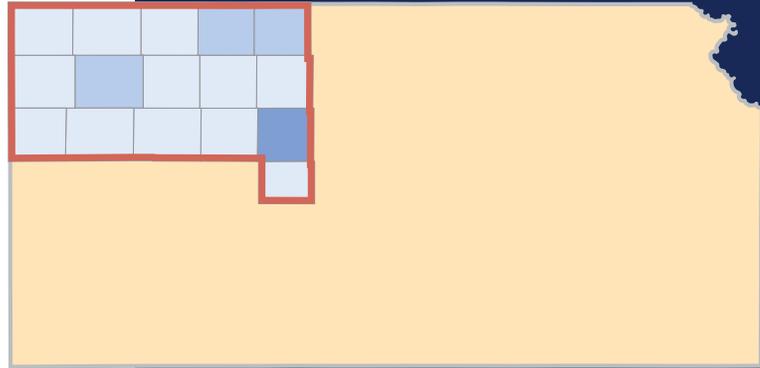


**While there are many common accessibility and availability threads throughout the state, regions and communities affect how families experience services. We compiled all of the Needs Assessment activities into regional summaries to understand how resource scarcity, race and ethnicity, and income inequity impact Kansas families with young children.**

# NORTHWEST REGION

## What We Learned

Many families in Northwest Kansas find themselves isolated due to both geography and lack of population density. These factors are reflected in community reports describing shortages of affordable housing and health care professionals, particularly specialists in speech-language, mental health, dental health, and physical or occupational therapy. It is difficult to access these services overall, but it is even harder to access programs specifically for children ages birth through five. Ellis County is the only county in this region classified as Densely Settled Rural, so the accessibility of services often depends on one's distance from that area, specifically the city of Hays. Home visiting programs are able to serve families in 15 of the 16 counties in the region regardless of the location of the home visiting agency, bridging the gap in counties where other services may not be geographically available.



### Geography Type

■ Frontier	12
■ Rural	3
■ Densely Settled Rural	1
■ Semi-Urban	0
■ Urban	0

### Counties

### Greatest Unmet Need

- Financial or basic needs

### Most Common Disruptors

- Health
- Family separations due to crisis
- Unemployment
- Housing concerns

## What Kansans Told Us

Stories of financial struggle are common in this region, and many families express difficulty meeting basic needs. Struggles are compounded by stigma and fear of being "in the system." The growing population of immigrant and non-English-speaking families is wary of accessing services due to fear of family separation or deportation, while others worry about children being removed from their home. Professionals report a shortage of foster families and many situations where children are removed without adequate placement available.

Northwest is the region of the state where residents were most likely to report feeling that child care capacity is not at a crisis point. However, infant care is particularly scarce. Many families feel their options are limited because of a belief that services are reserved for the wealthy or for those with low enough income for subsidies. The region also absorbs the economic impact of not having care during nontraditional hours. Industries operating second and third shifts struggle with hiring and high turnover for this reason.

Service providers in northwest Kansas bridge the distance and the gap in resources through effective communication and a culture of helping. Professionals report coming together to pool resources, write grants, and support programs other than their own. They work collaboratively to smooth the transition between Pre-K and kindergarten, and they are well-educated about adverse childhood experiences and trauma-informed care.

# SOUTHWEST REGION

## What We Learned

Southwest Kansas is primarily Frontier and Rural, with major industry (primarily agricultural) concentrated in three towns: Garden City, Dodge City, and Liberal. The latter two are in counties with the highest populations of non-English-speaking families in the state. Cultural differences and language barriers surround every part of life for both families and providers.

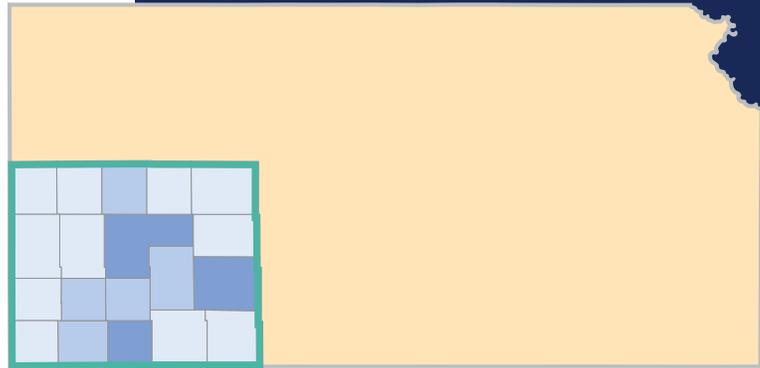
The southwest region faces the most cumulative challenges in the state given 1) high rates of infants born to mothers without high school diplomas, 2) high rates of teen pregnancy, and 3) free and reduced lunch rates over 50% for all but four of the region's counties, with Seward County as high as 82%. The effects of low income levels spill into nearly all other aspects of life for many families in this region, particularly around transportation, health, and child care. Lack of transportation results in families going unserved, being forced to choose only the most convenient options nearby, or relying on a connection to home visitors to drive to them. Unfortunately, several home visiting programs recently reduced capacity due to funding cuts, despite family need increasing.

Child care supply in this region varies drastically from county to county, with some reporting as high as 84% of care needs met and others reporting as little as 13%.

## What Kansans Told Us

One in five stories for this region described a need for increased parenting knowledge. One in five also shared that family separation was a major disruptor. Immigrant families are often wary of accessing services for their children due to fear of family separation or deportation, and some choose to deliver infants at home due to fear of coming into contact with immigration enforcement. It is a challenge for early childhood professionals to gain trust in such a climate, but providers here are dedicated to building strong relationships and creatively serving their communities.

The severe shortage of health and dental professionals, particularly those who accept Medicaid, means families see health or dental providers infrequently or not at all. Additionally, two health-related practices – breastfeeding



### Geography Type

Geography Type	Counties
Frontier	11
Rural	5
Densely Settled Rural	3
Semi-Urban	0
Urban	0

### Greatest Unmet Need

- Parenting knowledge

### Most Common Disruptors

- Family separations due to crisis

and mental health care – are often avoided due to social pressure or misinformation.

Several parts of this region are considered food deserts with limited or no fresh food options. Compounding this issue, some areas lack local WIC or SNAP offices. In a region primarily employing the agricultural sector, nutritious food is, ironically, often out of reach.

Early childhood care and education providers report licensing requirements as a hindrance to expanded child care options, and professional development as challenging to attend – travel time makes an already low-paying career less desirable. Providers also report that early education is not always culturally acceptable in this region, e.g., parents thinking young children are "too small" or "not ready." Therefore, in addition to working to gain trust of families, providers must often battle misconceptions about the importance of early education.

# NORTH CENTRAL REGION

## What We Learned

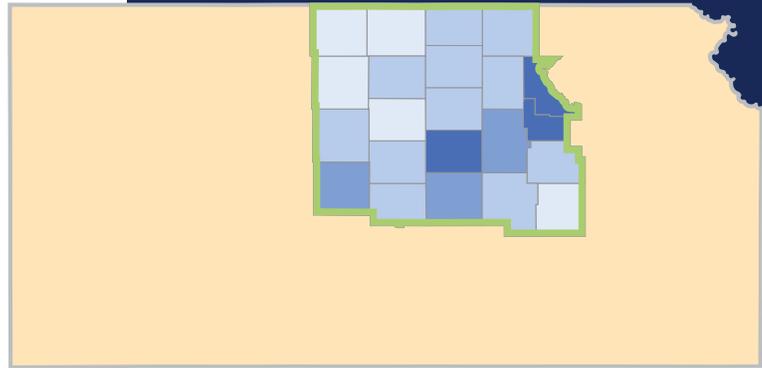
North central Kansas is a mix of population density and includes several cities in densely settled rural areas (Great Bend, Abilene, and McPherson), and three larger towns in semi-urban areas (Salina, Manhattan, and Junction City). Much of the diversity in the region, and Geary County in particular, comes from the connection with nearby Fort Riley, home of the U.S. Army 1st Infantry Division's "Big Red One." The community has embraced the positive impact of being a "melting pot," though there are challenges that come with being a part of a military community. The population is more transient than in other places and military families can struggle with reintegration and coping/stress issues, often functioning with an absent parent due to deployment. Distance from services is less of a concern here than in the more rural regions of the state but can still be an issue for the most remote areas. While poverty rates and health outcome rankings for the region hover near the averages for Kansas, there are pockets of unique risk, resulting in a need for more targeted services and interventions (e.g., Geary County has a teen pregnancy rate twice the state average and a 60% Free and Reduced lunch rate).

## What Kansans Told Us

One-fourth of the stories in this region described a need for parenting knowledge, higher than any other region. The most common disruptors cited involved health, a new child, or family separations due to crisis.

Some programs for young children in this region do not include military deployment as a criterion for at-risk services. Given the large military populations in Geary and Riley counties, many spouses and children feel isolated. More generally, many middle- to lower-middle-income families in this region also report feeling excluded – they are not poor enough to qualify or wealthy enough to afford. Additionally, affordable housing is listed as a high need in this area, compounding the struggles of those working families who must pay full price for child care, while simultaneously spending a significant percentage of their income on rent.

Several communities have increasing populations of families who speak unique dialects beyond Spanish, making translation challenging even with bilingual staff members.



### Geography Type

Geography Type	Counties
Frontier	5
Rural	11
Densely Settled Rural	3
Semi-Urban	3
Urban	0

### Greatest Unmet Need

- Parenting knowledge

### Most Common Disruptors

- Health
- A new child
- Family separations due to crisis

For this area, this is a new and additional hurdle to an already complex process for acquiring services or information. Families and professionals agree more cooperation is needed among child care providers for the transition to preschool and kindergarten. While the early childhood community seems cohesive and connected within itself, some report it is not well-connected to home providers who supply a large percentage of the child care for ages birth through five in the region. The connection with home providers is also an economic issue. Partners are aware of the fact that home providers often rely on parent fees from preschool- and Pre-K-aged children to offset the cost of providing infant and toddler care. As a result, the increase in availability of universal preschool and Pre-K may inadvertently and negatively impact the availability of infant and toddler care.

# SOUTH CENTRAL REGION

## What We Learned

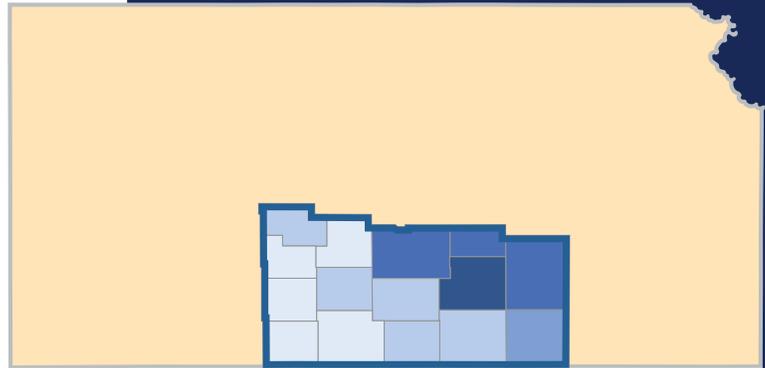
South central Kansas is a mix of population density, with most of the more populous areas surrounding the one urban county, Sedgwick, which includes the city of Wichita. There is a stark difference in needs and services between the more populous counties in the eastern portion of this region and the more rural counties in the western portion. However, some categories of risk span all: an average of only 45% of child care needs are being met overall, and some counties are as low as 24%.

The sparsely populated rural western counties of the south central region are lacking in almost all early childhood care and education services and are generally operating with little beyond federally mandated Part C special education. Six counties have no Head Start services, and four of those have no home visiting models either. There is one community mental health center in this area located in Greensburg. Moving westward across the region and approaching the counties bordering the southwest, the prevalence of non-English-speaking families begins to increase, resulting in language barriers and translation needs.

## What Kansans Told Us

Much like the southwest and northwest regions, several communities in the south central region report families are not seeking services because of fears related to child removal from the home and/or family separation or deportation.

Families living in Wichita, the urban center of this region, face crisis and economic hardship at a very high rate in comparison to the rest of the state. There are many programs aimed at families with the highest risk factors, specifically addressing child abuse prevention and preservation of families, but there are simply not enough to meet all of the demand. Due to the unique needs of Wichita, early childhood care and education



### Geography Type

- Frontier
- Rural
- Densely Settled Rural
- Semi-Urban
- Urban

### Counties

- 5
- 5
- 1
- 3
- 1

### Greatest Unmet Need

- Financial or basic needs

### Most Common Disruptors

- Family separations due to crisis

professionals in this area focus on trauma-informed training, increasing mental health knowledge, fatherhood initiatives, and crisis intervention.

In all portions of south central Kansas, unlicensed child care is a very commonly reported issue. Many families feel they have no other affordable options, and the demand is high enough that illegal child care businesses can operate undetected for long periods. Early childhood care and education professionals feel there should be harsher penalties, but as long as the shortage of care for infants and toddlers remains high, they recognize the problem will continue to be fueled.

# NORTHEAST REGION

## What We Learned

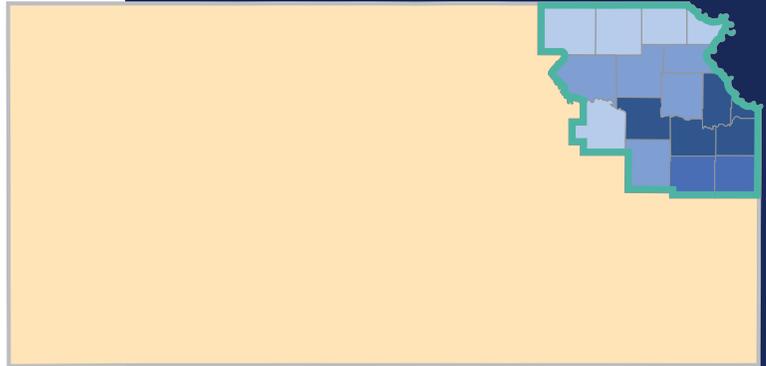
The northeast region, by far the most populous of the state, includes the state capital, Topeka, and multiple counties surrounding Kansas City and bordering Missouri. The needs of this region vary between the populous regions and the surrounding rural communities north and south of Interstate 70. Northeast also includes an additional layer of special circumstances as there are four Native American tribes concentrated in the far northeast corner of the state.

Although most counties in this region have more positive health outcome rankings and lower poverty rates than the rest of the state, there is glaring disparity with three counties as extreme outliers for at-risk criteria: Wyandotte, Shawnee, and Atchison. Wyandotte County (Kansas City) ranks as the most economically disadvantaged area of the state. It is last of all counties for health outcomes, and 26% of the population is non-English speaking, leading to many challenges for both families and providers. Shawnee County (Topeka) faces a high incidence of drug-related child removal from homes, resulting in a need for substance abuse treatment programs and trauma-informed professionals. Atchison is less populous than these other counties, but reports a 62% Free and Reduced lunch rate and is ranked 75th in overall health outcomes.

## What Kansans Told Us

In this region, 22% of stories shared that the greatest unmet needs related to stress, anxiety, or depression, a trend noticeably higher than the rest of the state. An additional half of unmet needs related to financial or basic needs. Over one-third of the disruptors mentioned were regarding health care, also a higher trend from much of the rest of the state.

Transportation is a concern across the region, though concerns differ from county to county. Rural families feel isolated with no transportation options, while urban families feel overwhelmed by fragmentation in the system. Additionally, the southern portion of this region requires significant travel for medical care due to a lack of pediatricians and obstetricians. These areas often feel overlooked, as they are deemed “close enough” to get to



### Geography Type

Geography Type	Counties
Frontier	0
Rural	5
Densely Settled Rural	5
Semi-Urban	2
Urban	5

### Greatest Unmet Need

- Mental health (related to stress, anxiety, or depression)
- Financial or basic needs

### Most Common Disruptors

- Health care

urban hospitals and clinics but have none in their own county. The University of Kansas provides vital supportive services in Lawrence, Kansas City, and Topeka, but is also not always easy to access due to distance.

Professionals in the northeast have many concerns about kindergarten readiness, as well as changing and developmentally inappropriate curricula that set children even further back. Many service providers in this area have offered suggestions of a multigenerational mental health approach that includes both parents and children, especially young mothers who do not receive much work leave. Several communities also see a high percentage of grandparents raising grandchildren; education and home visiting programs that include their needs are viewed as essential.

# SOUTHEAST REGION

## What We Learned

The southeast region is a balanced mix with no large cities but many small and medium-sized towns with a varying set of resources and struggles. The southeast region ranks the lowest in the state for health outcomes and the highest incidence of overall poverty, with only two counties reporting less than 50% Free and Reduced lunch rate. The region has higher than average teen pregnancy rates, widespread unemployment, and 15 of 16 counties designated as Health Professional Shortage Areas for both primary care and dental care. Professionals and families are fighting together for a better life for the next generation of this region, and though they are up against significant challenges, they have innovative and dedicated leaders.



### Geography Type

Geography Type	Counties
Frontier	3
Rural	5
Densely Settled Rural	6
Semi-Urban	2
Urban	0

### Greatest Unmet Need

- Financial or basic needs

### Most Common Disruptors

- Family separation
- Health

## What Kansans Told Us

Stories of disruptors in this region most commonly included family separation as a concern, trending higher than the rest of the state. Several large employers left the region in recent years, resulting in a downward spiral of economic and family issues. Affordable and adequately maintained housing is at a critical low, as many buildings are old and deteriorating. Some people have moved to the borders of Missouri and Oklahoma because the housing options are so few. Many families are living in poverty, in neglected areas sometimes lacking internet access, and need job training and economic help. Unfortunately, the population of the region is declining significantly, making it harder to attract business and make improvements.

Related to high unemployment rates and poor health outcomes, the prevalence of substance abuse has led to some of the highest removal rates of children from homes and placement in child protective custody. Many children are living in families where methamphetamine and opioid addiction are traumatizing. It is difficult to increase parent engagement and involvement in programs when families are struggling with substance abuse. Professionals must navigate this before addressing any other needs. They also

report difficulty shifting the culture of child-rearing attitudes and an unwillingness to change or learn new methods. More parenting classes and child abuse prevention efforts are desired by both families and providers alike.

Families in this region report a “desperate” need for more child care for children ages birth to three. Home visiting programs are plentiful and impactful, but they do not address critical unemployment needs for many families. Unlicensed child care is also an issue in this region – much like the south central region, it is the result of high demand and low affordability, so parents feel they must go with whatever option fits their budget, regardless of standards.



## SECTION 5

# Infrastructure

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### Synopsis and Findings

An efficient and robust infrastructure is essential for sustainable, high-quality early childhood care and education. Our infrastructure includes the resources, information systems, partnerships, and governance of the early childhood care and education system. Resources include workforce, facilities, and funding; information systems include shared measurable indicators of progress and data systems; partnerships include collaborations and integrations; and governance includes policies, regulations, and systems alignment.

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### Key Findings

- Early childhood workforce needs at leadership and direct service levels include preparation, compensation/financial relief, ongoing training and support, and recruitment and retention.
- Needs exist related to the physical conditions and environments of early childhood facilities across the state.
- Early childhood providers and stakeholders share a desire for collaboration and cooperation but efforts are often disconnected and uncoordinated.
- Greater systems alignment is needed to fully realize an efficient and robust early childhood care and education infrastructure.

## What We Learned Workforce

A trained, supported workforce is key to building an equitable early childhood care and education system that meets the diverse needs of children and families. Early childhood care and education professionals do not have clear standards, pathways, or resources to reach their full potential and provide quality services. Our existing workforce is fragmented across organizations, providers, and disciplines.

Four key areas emerged during the Needs Assessment: career preparation and pathways, compensation, professional development, and recruitment and retention. Needs exist at both the leadership and direct service levels. Comprehensive workforce data, especially for the broader system workforce, is lacking and limits our ability to fully contextualize our findings. Kansas conducts an annual workforce survey. However, we do not have a statewide registry of the child care or early education workforce and are thus ranked as “making headway” on workforce data, according to the Early Childhood Workforce Index (CSCCE, 2018). We need to have better alignment of data to monitor and support the development of our workforce.

Preparations vary for the early childhood workforce across services, programs, and models. Many home visitors and maternal and child health staff have advanced credentials. For instance, 89% of the state’s Parents as Teachers parent educators hold a bachelor’s degree, a trend that is common among the evidence-based home visiting programs in the state (KSDE-PAT, 2018). Part C staff and providers are also highly qualified, with specialized areas of expertise (KITS, 2019). However, in child care and early education settings, Kansas is rated as “edging forward” on the Early Childhood Workforce Index with regard to policies for qualifications and educational supports (Center for the Study of Child Care Employment: CSCCE, 2018). A bachelor’s degree is required for Pre-K lead teachers in publicly funded public school districts but there is no Child Development Associate credential (CDA) minimum for assistant teachers/paraprofessionals (CSCCE, 2018). According to our Workforce Survey, 30.36% of respondents have earned a four-year degree or greater, but only 9.64% have a degree in an early childhood-related field; 10.91% have an associate’s degree in early childhood; and 8.91% have a CDA credential. Limited opportunities to obtain such credentials

## Median Wage Comparison

### Child care worker in Kansas

 **\$9.25/hour**<sup>23</sup>

### Elementary school teacher in Kansas

 **\$26.91/hour**<sup>24</sup>

contributes to this issue, as well as the extensive time required for early childhood professionals to earn advanced credentials. Earning a CDA is an especially time-consuming process, requiring 120 hours of early childhood coursework and 480 hours of experience, and an on-site verification visit from a Child Development Associate Professional Development specialist.

The early childhood workforce, especially the child care workforce, is highly experienced in Kansas. Per the 2018 Child Care workforce survey (CCA-KS), 20% of child care center directors have been in the field for over 15 years, 39% of center lead teachers have been in the field for three to 10 years, and 56% of family child care providers have been in the field for more than 15 years. Turnover, particularly due to anticipated retirements, is a serious challenge as 45% of the family child care provider workforce is over the age of 50, which is of particular concern in rural and frontier counties where family child care providers are the primary option.

Compensation is another area of concern. Per the Early Childhood Workforce Index, 2018 (CSCCE), Kansas is “stalled” in the areas of compensation and financial relief strategies for the early childhood workforce. The state does not have parity or a public funding earmark for salaries for early childhood care and education professionals in comparison to K-12 educators. There are more than 9,500 members of the early childhood teaching workforce in Kansas. For this group, compensation disparity is a real challenge, with median wages especially low for child care workers – \$9.25 per hour – compared to elementary school teachers at \$26.91 per hour. Child care employees, in particular, are overworked and underpaid and do not receive adequate benefits. The average salary

## A Kansan's Story: Child Care Irony



I am a director for an agency that provides early childhood services. Many of our employees are young women of childbearing age. Even though our agency promotes quality early experiences and supports licensed child care providers, the majority of our employees with young children cannot find licensed child care for their own children. They end up settling for a provider they like and take their chances or find friends or family members to provide care.

for center employees ranges from \$18,723 per year for assistant teachers to \$32,867 for directors. The average salary for a family child care owner is \$19,687. Part-time staff only receive insurance or retirement benefits about 10% to 12% of the time. Sick and vacation leave are the most prevalent benefit for part-time child care providers. However, sick and vacation leave are only available for about 30% of part-time and full-time providers. Full-time staff receive insurance or retirement benefits around 45% of the time. Sick and vacation leave is the most prevalent benefit for full-time staff but is only available to about 67% of them. A total of 15% of center employees receive no benefits (CCA-KS 2018).

In many ways, professional development in Kansas is a strength. Responses to the Workforce Survey indicate most early childhood providers are accessing at least the minimal required amount of professional development needed to do their jobs. Program leadership is primarily seeking intermediate or advance training for staff except in the areas of trauma informed care, care for special needs, infant-toddler care, and Kansas Early Learning Standards, where more beginner-level training is needed. Other trends across Needs Assessment activities include the need for

more professional development in mental health, behavioral challenges, special education, and cultural knowledge, as well as mentorship opportunities for management-level staff on how to lead/direct/supervise in social services. Not surprisingly, most child care staff responding to the survey report finding out about current professional development opportunities via the primary networks in place for early childhood professional development in Kansas, with 85.23% and 80.71% of respondents indicating they find out about training opportunities from Kansas Child Care Training Opportunities, Inc. and Child Care Aware of Kansas, respectively. (The organizations jointly conducted the survey; therefore, respondents could be weighted towards individuals who received professional development from these entities.)

There are two primary challenges related to ongoing professional development: 1) fragmentation in the current system for ongoing training, and 2) accessibility to quality professional development and training opportunities. The current system does not reflect our vision for the early childhood workforce. Responses to the Workforce Survey highlight the following trends:

- Professional development for early childhood providers is primarily driven by regulations and availability rather than a comprehensive approach.
- One-third of programs do not have an annual professional development plan for staff members, and providers are heavily focused on required trainings primarily for licensing purposes.
- Two-thirds report training above and beyond the minimal requirements about one to five times per year.

Related to accessibility, the greatest barriers are cost, location, and time. Survey respondents report they access online training 81% of the time, and about 60% are currently receiving some type of on-site professional development coaching. About one-third report driving 25 to 75 miles for professional development. The greatest request is for professional development to be scheduled on weekday evenings or Saturday daytime.

Recruitment and retention of the early childhood care and education workforce are also areas of concern. The longevity of many of the child care workers in the state suggests significant turnover can be expected in the near future. In the annual survey of Head Start and Early Head Start grantees in Kansas conducted by the Kansas Head Start Collaboration Office in 2018, over half of responding



grantees indicated their top obstacle is finding, recruiting, and retaining well-qualified staff. Recruitment of a diverse early childhood workforce is also a challenge. For example, the child care workforce is primarily white, at 82% of positions (CCA-KS, 2018). Although this is roughly proportional to the racial makeup of Kansas' adult population, the diversity of the workforce is not pacing with the growing number of children of color attending child care. Additionally, while center teaching positions and assistant directors are 22% people of color, center directors and family child care owners/operators are only 12%, showing a gap in diversity of leadership (Seck, 2019).

Concerns about the impact of the broader early childhood system workforce exist across the health care field. Eighteen counties in Kansas are Health Professional Shortage Areas for primary care providers, and 22 counties are Dental Health Shortage Areas for dental providers. When considering the shortages for low-income populations, the need is even greater for dental care, with over 50 counties designated as shortage areas (HRSA, 2019). Sixty-one counties (over half the state) are Mental Health Professional Shortage Areas. Kansas has 230 licensed, board-certified psychiatrists; 70% are in five counties (Johnson, Douglas, Wyandotte, Shawnee, and Riley) and 30% are over age 65 (KHF, 2018).

A workgroup focused on early childhood workforce and professional development formed organically from various stakeholder gatherings this past year. The workgroup comprises over 25 stakeholders across sectors who identified this as an urgent issue for Kansas to address. One focus of the workgroup is to recommend key workforce-related action steps for the Strategic Plan.

### **Facilities**

We have limited information in Kansas about the efforts undertaken in communities to improve the quality of early childhood care and education facilities, especially for underserved children, or the implications of space availability and quality on the expansion of services when opportunities arise. Our Pre-K survey with Kansas school districts provided some data about the location of school district-administered preschool programs. Most locate preschool classrooms in buildings with other grades (78.6%). More than a quarter (25.7%) locate preschool classrooms in district-owned early childhood centers, and 22.3% locate classrooms in community early childhood programs, Head Start programs, or faith-based programs. Some districts locate classrooms across multiple settings, resulting in the overlap of numbers.

Per a 2019 national report on early childhood facilities released by the Bipartisan Policy Center, there is no

**11% of the early childhood care programs reported that they do not have math learning materials and 19% do not have science learning materials. Learning materials with greater representation of people in nontraditional gender roles, cultures, languages, and diverse abilities of children are also needed.**<sup>24</sup>

nationwide survey of early learning facilities, but recent analyses identify a prevalence of environmental issues, safety hazards, noncompliance with health and safety standards, and structural issues. In our Environmental Needs Survey, providers were most likely to report they had made repairs or replacements never or more than five years ago for security, fencing, heating/cooling systems, and bathroom remodels. One area of opportunity is building security. Of participating programs, 61% reported they do not have a working security system. They were most likely to have recently painted or made updates or repairs to playgrounds and yards.

Our Environmental Needs Survey provided information on the learning environments in child care settings. Overall, outdoor and indoor spaces allow for children to be active. Of participating programs, 80% have enough grassy outdoor areas for children to be active and 88% have enough indoor space for gross motor play. For the most part, providers have adequate materials and spaces for dramatic play, books, blocks, fine motor equipment, art, and music. While programs reported adequate learning materials in certain basic categories, the learning materials limit representation of people in nontraditional gender roles, cultures, languages, and diverse abilities of children. Eleven percent of the programs reported that they do not have math learning materials and 19% do not have science learning materials. Discrepancies existed between provider self-report and on-site findings in some areas, suggesting that providers could use additional support with learning environments.

## **Funding**

Significant effort is underway to develop a greater understanding of the early childhood fiscal landscape in Kansas, which will greatly contribute to a better understanding of the flow and amount of funding. In spring 2018, the National Governors Association (NGA) solicited

applications from states to participate in a specialized technical assistance “learning lab” opportunity designed to increase cross-sector and interagency collaboration to improve the health and well-being of children and families. Kansas was one of only five states (including Alaska, Hawaii, Rhode Island, and Minnesota) selected. The Kansas Learning Lab team comprised leadership from state agencies, a state senator, the superintendent of a public school district, and leadership from several nonprofit organizations that serve children and families. Several Learning Lab team members also serve on the State Directors Team and the Implementation Team.

The key purpose of the National Governors Association work was to increase integration, communication, and collaboration among all parties serving children and families, including multiple state agencies and the private sector. To support this effort, the Learning Lab Team decided to conduct a fiscal mapping study to identify potential areas where federal and state-funded programs that work to improve the health, well-being, and educational outcomes for Kansas children could be better aligned for maximum impact and efficiency.

Under the direction of the Learning Lab Team, the University of Kansas Center for Public Partnerships and Research reviewed and synthesized the publicly available information presented in the FY 2020 Governor’s Budget Report. State statute (K.S.A. 75-3717) requires each state agency to submit budget estimates to the Division of the Budget. These estimates are used to develop the annual Budget Report, which consists of state agency programs that provide services for children and their families. The Children’s Budget section of the Governor’s Budget Report shows 1) the amount of State General Funds allocated by agency and program, 2) the program’s total budget from all funding sources, and 3) the number of children and families served by each program. The researchers used this information to develop a

preliminary Excel spreadsheet that listed each state agency and program or project funded, the state funding amounts (State General Fund and Children’s Initiatives Fund), and the total budget from all funding sources for each program. Each program was then reviewed through the lens of the Kansas Children’s Cabinet and Trust Fund’s Blueprint for Early Childhood and tagged with one of the three Blueprint Building Blocks (Healthy Development, Strong Families, Early Learning) to identify its primary outcome area.

In June 2019, the executive director of the Children’s Cabinet contacted each agency with the request for updated funding information.

Conversations between the Children’s Cabinet and the state budget director have elicited the support of the governor and have led to the Division of the Budget adopting the fiscal map as a standard means of enforcing the terms of the state statute that requires the Children’s Budget. State agencies have a statutory deadline to submit their funding

information, which will then be used to complete the fiscal map. Agencies with programs that provide services to children and families have been asked to share the following:

- Federal funding amounts and sources (e.g., Child Care Development Block Grant).
- Grant funding type (i.e., mandatory, discretionary, formula/block, or pass-through).
- Funding restrictions and flexibility (i.e., maintenance of effort, matching).
- Typical funding recipients (e.g., local education agencies, community-based organizations, direct to families, etc.).
- Program service type (e.g., home visiting, parent education, workforce development, etc.).
- Counties served by the program.
- Qualifiers for access and eligibility requirements (e.g., poverty, children with disabilities, etc.).
- Target population served (e.g., parents, children ages birth to five years, providers, etc.).



Once this information is synthesized, the State Directors Team will determine primary topics of interest and identify areas to explore further during analysis.

Kansas established the Children's Initiatives Fund (CIF) in 1999 following the Tobacco Master Settlement Agreement requiring tobacco companies to pay states as compensation for the economic burden of negative health outcomes caused by tobacco use. This amount was originally meant to be supplemented by the investment revenue generated by the Kansas Endowment for Youth (KEY) Fund, a trust fund dedicated to children's programs. Since its inception, however, legislative decisions have seen the balance of the KEY Fund spent on other state interests, limiting its ability to generate interest that could cushion fluctuations in the annual share of tobacco funds. The CIF allocation has varied over the past 20 years. The largest sum to date was allocated in 2009 (\$77,411,459). From 2009 until 2017, allocations followed a negative trend to the lowest amount (about \$35.5 million) since 2001, the second year following the establishment of the fund. Since 2017 funds have been increasing, but despite the rising need for funding programs impacting Kansas children and families, the CIF funding allocation remains lower than it was in the years between 2008 and 2015.

### **Information Systems: Measurable Indicators and Data Systems**

Throughout our comprehensive Needs Assessment process, the voices of families and professionals highlighted the underlying need for high-quality data to support the early childhood care and education system in meaningful ways. A variety and range of reporting mechanisms, requirements, and program outcomes exist across the mixed-delivery system. Some funding sources and agencies have agreed-upon indicators to measure progress. For instance, Early Childhood Block Grant programs, Parents as Teachers programs, Part C programs, Kansas Early Head Start programs, and federally funded Head Start/Early Head Start programs all report to some extent on common measures or indicators to their respective funding sources or regulating bodies. Collaborative or shared data systems exist for some sectors (such as MIECHV-funded home

visiting programs and school district Pre-K programs) but not for many.

Efforts to align indicators and early childhood care and education data reporting in Kansas have been underway for some time. In 2010, as part of the Early Childhood Advisory Council grant application, Kansas embarked on a foundational effort to establish a shared vision and draft data governance structure to link early childhood data to Kansas' state longitudinal data system. Under efforts and funding to the Kansas State Department of Education, there was an initial convening of a collaborative School Readiness Data Initiative workgroup to build on the Kansas School Readiness Framework from 2003. This framework served as the foundation for the School Readiness Data Task Force's (Data Task Force) work and made clear the Kansas early childhood community's commitment to a holistic view of school readiness and to a shared responsibility among families, educational environments, and communities in helping achieve this milestone. The framework also foreshadowed the breadth and scope of data elements that would have to be selected, collected, and analyzed, and accurately forecast the complexity of creating a coordinated and accessible early childhood integrated data system.

In February 2011, in partnership with the Kansas Early Childhood Advisory Council as it existed at the time, the Kansas State Department of Education convened the Data Task Force as part of this initiative. Comprising recognized researchers, evaluators, higher education faculty, state agency staff, school administrators, and front-line practitioners from across the state and the spectrum of health, human services, and early care and education, the group's composition ensured the Data Task Force had the collective expertise and experience to fulfill its charge. A report submitted to the state's Early Childhood Advisory Council and the Kansas State Department of Education in 2012 provided a set of recommendations from the Data Task Force. Recommendations included adjustments to the framework as well as recommendations about the indicators and data elements that would inform school readiness in Kansas. At that time, the recommendation was to adopt the following concept of readiness:

***School Readiness from birth to kindergarten entry occurs in a broad context that includes four components: Community, Educational Environment, Family, Child. These four components are interdependent parts of a system that interact to promote school readiness prior to kindergarten entry. The Kansas State Board of Education subsequently included the goal that each student enters kindergarten at age five socially, emotionally, and academically prepared for success into the state's Kansans Can vision for education.***

Additionally, the Data Task Force provided detailed recommendations for 102 indicators with accompanying discrete data elements assessing dimensions of each of the four components and the larger policy/research questions aligned with those indicators. This comprehensive list of indicators and the collaborative shared vision of those partners involved in this early effort forms the work upon which Kansas will build.

Initial governance, data mapping, and early childhood integrated data system design began in 2012 with draft documents and internal technical work at the Kansas State Department of Education on the interface between the state longitudinal data system and an early childhood data portal, Foundations for School Success. These efforts built foundational components and understanding of the work ahead to build interagency support for an early childhood integrated data system and a robust governance structure. In 2014, focused early childhood integrated data system collaborative work stalled in Kansas. Several factors influenced this, including changing state and legislative context, agency administrative turnover, interagency governance barriers, a stalled and eventually nonfunctioning Early Childhood Advisory Council, shifting priorities, and the loss of dedicated funding and resources to support this work.

While cohesive early childhood integrated data system efforts may have stalled, Kansas continued its focus on improving early childhood data, reporting, and use within each agency or entity responsible for administering its program.

The Kansas State Department of Education enhanced the state longitudinal data system in many ways, importantly by solidifying its business rules on assigning and matching children with a Unique ID in the Kansas State Department of Education-administered early childhood programs such as Preschool-Aged At-Risk (State Pre-K 4-Year-Old At-Risk), Kansas Preschool Pilot, Part B, and Parents as Teachers (home visiting). The State Department of Education also focused its efforts on the governance and technical requirements to connect its K-12 state longitudinal data system to workforce and labor data.

In 2014, the Children's Cabinet implemented a shared measurement system (DAISEY) to capture individual-level data for its funded portfolio of Early Childhood Block Grants and Community-Based Child Abuse Prevention programs. Grantees provide a range of early childhood programs, including home visiting, preschool, and more universal early childhood and family supports. With DAISEY, the Children's Cabinet began its Common Measures Initiative to standardize measures and demographic data across its funded programs and interventions. To date, the Children's Cabinet has individual-level data on over 33,000 families receiving services, serving nearly 50,000 Kansas children.

The Kansas Department of Health and Environment Bureau of Family Health also maintains historical and current individual-level data on families and children served by the Maternal Infant and Early Childhood Home Visiting (MIECHV) program. In 2016, KDHE implemented DAISEY for individual-level MIECHV data collection and through three federal fiscal years (FY17, FY18, FY19) 1,192 families and 1,304 children have been served. Additionally, the Kansas Department of Health and Environment uses DAISEY for capturing all its public health Title V Maternal and Child Health services through Aid to Local grants. This includes 858 well infant, child, or adolescent visits, 544 developmental screenings, 1,284 perinatal nursing assessments, and over 13,000 instances of education services, which occurred within a series of short-term universal home visits provided through the MCH Home Visiting program in this period. For all Title V adult and child participants counted in DAISEY, including MCH Home Visiting participants, over 30,000 referrals were made. Annually, approximately 3,600 women and infants receive universal home visiting services. The Kansas Department of Health and Environment also administers Part C services and has an individual-level data system, Kansas State Infant-Toddler System (KSITS), that collects all

federally required data elements. In FY 2018, that included data on 10,061 children and over 400 providers across the state in 33 programs.

The Kansas Department for Children and Families maintains aggregate data in DAISEY on Kansas Early Head Start Home Visiting administered to local grantees. The Kansas Department for Children and Families also maintains program-level capacity data on subsidized and licensed child care in the state and eligibility data on children and families receiving child care subsidies and TANF-funded programs. Finally, the Kansas Department for Children and Families maintains individual-level data on children in foster care and Title IV-E family preservation services and has plans to collect some data on children and families served by early childhood-focused programs under the Family First Prevention and Services Act (FFPSA) in FY 2020.

One effort currently underway is the development of a Data Dashboard to better understand the gaps in services for children and families in Kansas. The Data Dashboard is a data tool providing county-level insight of the capacity of early childhood care and education services (e.g., home visiting, subsidized child care) against significant risk factors (e.g., federal poverty rates). Because there is currently no shared measurement system in Kansas for the collection and analysis of early childhood data, a number of data sources were compiled representing various state agencies, early childhood programs, and local organizations across the state. For income data, the development team used the latest estimates from the American Community Survey (ACS).

While there is fairly comprehensive data coverage of the Kansas early childhood care and education services administered by state agencies, pockets of missing data exist. Those include: 1) comprehensive early childhood workforce data and early learning environments, 2) individual-level child care participation data and quality across settings, and 3) privately funded or federal-to-local funded early childhood programs, including home visiting models such as Early Head Start. Kansas also lacks comprehensive individual-level data on infants, children, and families receiving mental health services and other social and concrete support services. Across the system, Kansas lacks a unique identifier to match and provide unduplicated counts of children participating in services. The unique identifier and the process for matching an individual is the mechanism by which children served

across agencies can be accurately counted. Kansas lacks consistent and coordinated data reporting requirements that support the matching process, such as the same demographic elements and dates of services.

## Partnerships

A willingness and desire for collaboration exists across the broader Kansas early childhood care and education system. Multiple agencies and organizations have formalized partnerships through Memorandums of Understanding and Agreements. Most frequently, the intent to impact the quality and accessibility of services for children and families in local communities drives these partnerships. There is a range and depth of integration and collaboration at the local level, between local providers and state agencies, and across state agencies. However, even though the energy and resources are present to enter into and sustain partnerships and integrations that improve accessibility, availability, and quality, we have not been able to get beyond networking, cooperation, and coordination. Many providers and stakeholders are participating in single-issue collaborations with loose connections between efforts and a primary focus on exchanging information and resources rather than effecting systems change. Communication, rigid requirements, and competition are the primary barriers to effective collaboration.

As part of the Needs Assessment, we conducted a review of innovative and best practices of public-private partnerships that support early childhood. To encourage and build fiscal sustainability, the role of public-private partnerships is emphasized across the Kansas Children's Cabinet and Trust Fund Blueprint for Early Childhood. Community-Based Child Abuse Prevention grant applicants are required to submit a plan for public-private collaboration and must obtain a 10% match to demonstrate financial sustainability. Cash matches may be gathered through local foundations, business partnerships, city-level grants, and/or fundraising activities. Further demonstrating a commitment to innovative public-private partnership in local communities, the Children's Cabinet provided a three-year investment in 2018 of \$1 million through the Communities Aligned in Early Development and Education initiative. Awarded to The Family Conservancy for its Start Young project, this investment requires an annual local, private match of \$1 million. As a result of this public-private partnership, the Start Young initiative focuses on increasing high-quality child care capacity in Wyandotte County through additional child care slots and child care workforce development.



Other examples of public-private partnerships surfaced in local communities, including examples of innovative and sustainable programs funded with public and private dollars to extend reach and meet the needs of the local community. One example, The Opportunity Project (TOP) Early Learning Center, demonstrates the positive long-term impact of investing in high-quality early education through a multiyear evaluation that has followed graduates throughout their K-12 years. Stakeholders and communities recognize the need for more public-private partnerships that could bring in local governments and businesses and foster community-level early childhood champions. Business partnerships with the early childhood system were discussed in several communities where such partnerships were identified as a bright spot, typically when businesses and other community organizations partnered to help meet the needs of young children and their families. While some communities referenced increased partnership with businesses or a desire to partner with businesses as a part of their vision for early childhood, other communities discussed the lack of public-private partnerships as a gap to achieving their vision.

## **Policies and Regulations**

During this Needs Assessment, we conducted a national scan of family-friendly policies for public and private sectors to consider, including specific policies and state-level examples such as flexible work arrangements, lactation support, and state-funded paid parental leave. As part of a scan of best practices, we considered the current landscape of family-friendly policies in our state. Kansas has several administrative and legislative policy gaps that impact the early childhood care and education infrastructure. In recent years, Kansas has made progress adopting and investing in family-friendly policies in the public sector. In the past year, Kansas adopted paid parental leave for state employees. In November 2018, former Governor Jeff Colyer, M.D., issued an executive order providing paid parental leave for Kansas state employees under the governor's jurisdiction. Under the policy, state employees who are primary caregivers are eligible for six weeks' paid parental leave after the birth or adoption of a child. Secondary caregivers are eligible for three weeks' paid leave. Employees receive 100% of pay during their leave. The state legislative and judicial branches, along with the secretary of state and board of regents, have since joined the executive branch in offering the benefit.



# 17.4%

of new mothers reported they thought they needed counseling for depression but did not get it.<sup>25</sup>

# OF THOSE, 52.4%

indicated the reason, "I did not have time because of a job, child care or another commitment."<sup>26</sup>

Another state employee benefit, the Infant at Work program, permits a parent to bring an infant up to six months old to the workplace. The program promotes healthy development, parent-child attachment, and increased breastfeeding rates. Infant at Work programs correlate with increased employee satisfaction, retention rates, and improved public perception as a family-friendly employer.

We know that through multiple initiatives and organizations, Kansas has a strong focus on expanding family-friendly workplace policies and practices across the private and public sectors. Kansas Power of the Positive is a cross-sector coalition of over 40 agencies – public, private, and nonprofit organizations – using public health strategies to prevent adverse childhood experiences. Initially funded by private foundations, Kansas Power of the Positive was awarded a five-year grant from the Centers for Disease Control and Prevention to implement its framework, Essentials for Childhood, to prevent Adverse Childhood Experiences through building safe, stable, and nurturing relationships and environments. The Kansas Power of the Positive Leadership Team consists of the Kansas Department of Health and Environment Department of Injury and Violence Prevention, Kansas Children's Service League Prevent Child Abuse America-Kansas Chapter, and Wichita State University Community Engagement Institute. The approaches Kansas selected to focus on over the next five years include family-friendly workplace policies and public education campaigns, which involve creating public interest in family-friendly work environments. These focus areas were chosen in response to indicators that demonstrate the direct impact of the lack of family-friendly policies on Kansas families in areas such as prenatal care access, breastfeeding, continuous employment, and parental

mental health. For instance, 17.4% of new mothers reported they thought they needed counseling for depression but did not get it. Of those, 52.4% indicated the reason, "I did not have time because of a job, child care, or another commitment (KDHE, 2019)." Kansas Power of the Positive is now completing its strategic plan to implement these two new approaches in Kansas.

Kansas Action for Children, a statewide child advocacy organization, selected paid family leave as one of its policy priority areas for 2019 and 2020. Kansas Action for Children advocates for Kansas to build upon private and government sector commitments to paid family leave by funding pilot programs through partnerships with large businesses and anti-poverty programs, such as TANF. Other organizations promote the adoption of family-friendly workplace policies. For example, the Kansas Breastfeeding Coalition promotes breastfeeding-friendly business policies and practices, including paid family leave. According to a survey conducted by the Kansas Breastfeeding Coalition in 2018, 43% of responding employers reported having a written policy to support their breastfeeding employees.

Public- and private-sector businesses in Kansas have taken positive steps. However, many Kansans still do not have paid parental leave or access to Infant at Work programs, and struggle with inflexible employment settings, prompting tough decisions for caregivers and negative impacts for children, families, and businesses. Unpredictable work schedules or schedules that do not align with traditional hours further complicate access to limited child care options. The lack of family-friendly policies impacts the opportunities within the broader early childhood system for families with young children.

## Systems Alignment

We mapped all existing workgroups, the purposes, the frequency of meetings, and the membership to better understand the various Kansas early childhood workgroups. The State Directors Team, the University of Kansas Center for Public Partnerships and Research, and the Kansas Head Start Association reviewed the history and function of the Kansas Early Childhood Advisory Council and the federal statutory requirements of the Improving Head Start Reauthorization Act of 2007. State agencies compiled an inventory of existing councils, committees, and workgroups with an emphasis on early childhood and considered gaps and opportunities for alignment.

Kansas uses a coordinated model of governance and places the authority for early childhood programs and services across multiple agencies. The structure operates peer coordination and coordination through the governor's office and through the Children's Cabinet. However, prior to this current effort involving the leadership and relationship building across state agencies, there has not been a singular venue where high-level decision-making has occurred. The State Directors Team provided this leadership and reviewed existing Kansas statutes, as well as other national governance models, to optimize outcomes for a mixed-delivery system. Existing statute establishes the Children's Cabinet role in providing oversight and coordinating efforts. Per K.S.A. 38-1901, the Children's Cabinet serves as the coordinating entity and governance hub for the Kansas early childhood system and shall perform the following functions:

1. Assist the governor in developing and implementing a coordinated, comprehensive service delivery system to serve the children and families of Kansas.
2. Identify barriers to service and gaps in service due to strict definitions of boundaries between departments and agencies.
3. Facilitate interagency and interdepartmental cooperation toward the common goal of serving children and families.
4. Investigate and identify methodologies for the combining of funds across departmental boundaries to better serve children and families.
5. Propose actions needed to achieve coordination of funding and services across departmental lines.

6. Encourage and facilitate joint planning and coordination between the public and private sectors to better serve the needs of children and families.
7. Perform the duties and functions prescribed by K.S.A. 38-2103, regarding advising the governor and the legislature regarding the uses of the moneys credited to the Children's Initiatives Fund.

The Children's Cabinet has structures in place (regular meetings, website, social media) to communicate effectively with a wide range of stakeholders, to coordinate policies and programs across funding sources and agencies, and to gather and synthesize input from the early childhood system.

Kansas is one of five states that does not currently have an active State Advisory Council on Early Childhood Education and Care (ECAC) for children from birth to school entry, as required by the federal statute. In June 2010 Executive Order 10-05 established the Kansas Early Childhood Advisory Council, designated the executive director of the Children's Cabinet to coordinate activities of the Council, and established that the governor shall appoint members. Subsequently, Former Governor Sam Brownback designated the Children's Cabinet as the Early Childhood Advisory Council, thereby incorporating the required Early Childhood Advisory Council duties into the Children's Cabinet's existing charge of developing and implementing a coordinated, comprehensive delivery system to serve children and families of Kansas. However, the work stalled under the previous administration.

The workgroup determined that there is a serious need for technical, programmatic problem-solving to address service delivery challenges. Kansas has a new governor and a new executive director at the Children's Cabinet who are committed to renewing the Advisory Council as an active body to inform the early childhood care and education system. In December 2019, the Governor's Council on Education recommended the reorganization of the Kansas Early Childhood Advisory Council as the state develops its new strategic direction. This recommendation reflects shared commitment and buy-in from the stakeholders directly affected.

## What Kansans Told Us Workforce

Participants in both the Community Engagement Sessions and the Facilitated Visioning Sessions with stakeholders voiced concerns about the early childhood workforce and identified a quality workforce as critical to delivering high-quality services to young children and families. Community Engagement Session participants identified this topic as both a vision and a gap. Overall, when participants identified workforce as a part of their vision for early childhood, it was the desire for early childhood professionals to be acknowledged for their area of expertise and to be treated as respected professionals, with wages to match. When participants identified the workforce as a gap, the lack of recognition and commensurate wage was identified as contributing to the lack of available workforce in general. Underpinning the concerns is the sense that the early childhood workforce is not as valued as necessary to address challenges or to successfully attract, develop, and retain high-quality professionals to provide high-quality services for children.

**Community Engagement Session Participant:**  
***"It's a vicious cycle. Our families here don't make enough to pay for child care and our child care providers don't make enough to stay in business. How do you entice quality folks and avoid a tremendously high burnout rate?"***

**Community Engagement Session Participants:**  
***"Caregivers must be supported in order for them to help children develop." "Language is very important to systems change; for example, using words like 'professional,' 'champion,' and 'leader' changes the dynamic in working with providers."***

Facilitated Visioning Session and Community Engagement Session participants expressed a desire for the necessary infrastructure to support new and existing child care professionals with training that is intentional, sequential, competency-based, combined with coaching and mentoring, and tied to measurable outcomes. Both of these groups identified a need to provide additional support to potential child care providers through scholarships, coaching, and grants. Stakeholders report

a decreasing number of providers entering and remaining in the field, primarily due to the inability to make a living wage. A gap often cited by Community Engagement Session participants is that some early childhood degree and training programs in the state are closing, reporting their graduates cannot earn a living wage in the field.

**Community Engagement Session Participant:**  
***"The child care workforce in our community is at an all-time low, with a 200% turnover rate, largely due to noncompetitive wages."***

## Facilities

With stakeholders, discussions around facilities primarily focused on co-location as a strategy for making services more accessible to families, with several facilities mentioned as models of comprehensive services that are co-located. Other examples include communities that have integrated early learning centers by combining Head Start,





school district preschool programs, special education programs, and child care. Some participants favored including early childhood programs in elementary schools and adding related services such as health clinics. This approach facilitates collaboration and transition between early childhood and K-12, as well as easing pressures on families, which often have children in multiple buildings. Throughout the discussions, the term “one-stop shop” was viewed as a concept rather than a place; i.e., there can be virtual ways to connect programs without them being housed in one facility.

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***Visioning Session Participant:***

***“Solutions need to be customized at the local/  
regional level with those voices as drivers and  
leaders – one size does not fit all!”***

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## **Funding**

Funding was mentioned in almost every Visioning Session as a priority need. Comments focused not only on increasing the amount of funding but also restructuring how it is allocated and creating greater efficiencies. It seems the smaller the community, the greater the variety of funding sources they use, receiving smaller amounts from a wide range of sources. This pieced-together approach results in widely varied priorities and increased difficulty establishing cohesive, high-quality programs. Stakeholders experience funding silos that inhibit or prohibit collaboration. Both community and state leaders voiced the need to “minimize barriers to meshing funds across programs.” Alignment of funding standards would make grant management less time-consuming for administrators. Community Engagement Session participants frequently cited a vision for the funding of early childhood care and education programs to be adequate, consistent, and reliable. When discussed as a bright spot, comments highlighted efforts and successes in securing additional funding to enhance programs and services.

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**Visioning Session Participant:**

**“Our community has multiple funding sources, all with different qualifiers, making things complicated and excluding kids from services.”**

**Visioning Session Participant:**

**“Grant funding is sometimes focused on specific activities that limit capacity to address emerging priorities” (trauma was specifically mentioned).**

**Visioning Session Participant:**

**“Programs are working in isolation – there needs to be opportunities for funding recipients to come together and streamline processes. How do you blend funds? How do you support programs to blend funds? What can you do to help providers collaborate and look for creative solutions to use funds more efficiently?”**

**Community Engagement Session Participant:**

**“We call it the, ‘Yes, but . . . money’ because if you get it, it can’t be used for this population or that program ...”**

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## **Information Systems: Measurable Indicators and Data Systems**

Shared data and challenges around common measures, while not heavily discussed by stakeholders during the Facilitated Visioning Sessions, are seen as an area of potential alignment and flexibility. When discussed, participants indicated a desire to streamline indicators and focus on those with the greatest impact on quality, to align standards among programs and promote common language across agencies, and to establish universal measures in order to reduce silos among programs and lead to greater efficiencies in reporting and analysis.

## **Partnerships**

Stakeholders participating in Facilitated Visioning Sessions frequently cited collaboration as both a bright spot and a gap in communities. Support for integration and collaboration was strong across virtually all the Visioning Sessions, both within the early childhood care and education system and across the broader system. Stakeholders cited funding restrictions as a significant barrier to collaboration, due to different standards and expectations of funders. They also have a desire for greater cross-sector partnerships and integration, especially between the early childhood care and education system and providers and programs for children with special needs, college degree programs, health care, and the adoption and foster care/child welfare system. Although collaboration and integration among Head Start and school district preschool programs is occurring in several communities, many respondents noted a gap in including child care providers and programs for children with special needs.



**Visioning Session Participant:**

**“We need to integrate children with special needs and build on existing relationships to include them in programs.”**

**Visioning Session Participant:**

**“We are missing opportunities to intervene early when communication doesn’t occur on a timely basis,” noted one professional, citing gaps between early childhood and health care providers.**

**Visioning Session Participant:**

**“Health care providers should be at the table and recognize their significant influence from pregnancy forward.”**

Community Engagement Session participants echoed this sentiment across the state, especially related to the health system, child welfare, community services, and nontraditional partners. Health professionals and child welfare staff are consistently portrayed as operating on the periphery of the early childhood care and education “loop” and were frequently cited by participants as people they would like to have more involved. Specifically, pediatricians, nurse practitioners, mental health professionals, and area hospitals are critical partners in overall health, provision of high-quality parent information, and referral to specialty services. Generally, these professionals are people with credibility and influence in communities. First responders, courts, clergy, social service programs, and elected officials played supportive roles and were identified by participants as imperative to be active in early childhood initiatives. In at least two sessions, sheriff’s representatives participated. Faith leaders frequently participated, and there were always social service program staff. All expressed desire for a more



cohesive approach to proactively meeting families' tangible and emotional needs. They grapple with the fragmentation and see how the hardships affect both parents and children. Stakeholders highlighted community libraries in nearly every Community Engagement Session as an important hub for information, children's programming, adult social outlets, and other resources. Libraries are very important assets in communities throughout the state, as are local Research and Extension programs.

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**Visioning Session Participant:**

***"Our greatest need is linkages and alignment of all who impact the lives of young children and families," noted one respondent, reflecting a strong theme that "we are all early childhood stakeholders."***

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## **Policies and Regulations**

Stakeholders identified a need for employer policies allowing flexible/remote work schedules, breastfeeding arrangements, infants at work, and paid parental leave. One participant stated, "Employers need to have 'skin in the game' and recognize the importance of the early years." There was significant concern about moms returning to work too early to allow time for bonding and nurturing their newborns. Community Engagement Session participants often cited the family-friendly policies for state employees as a bright spot and frequently cited paid parental leave with more parental supports as a vision. Sixty-six percent of communities touched upon the need for Medicaid expansion and/or health care access to close gaps in the early childhood system in their community.

Stakeholders identified a need for greater flexibility and alignment of administrative rules and regulations. For example, a number believe child care licensing costs and regulations are an impediment. Community Engagement Session participants indicate the processes for program eligibility determinations and administrative/operational regulations are complex, often conflicting, and overall daunting to parents and program administrators alike. Early childhood care and education professionals cite substantial paperwork and documentation requirements that differ by funding source, as well as conflicting regulations from federal, state, and municipal authorities.



Community Engagement Session participants routinely express desire for simpler systems, often with a vision of a single, common application capturing all necessary data points and accepted by all public and private agencies and organizations.

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**Visioning Session Participant:**

***"We need to revamp child care licensing rules and regulations to make them more consistent so we can encourage and license good providers."***

**Community Engagement Session Participant:**

***"The fire marshal wants it one way, and Head Start wants it another way, and the school has a policy that doesn't match either ... it's impossible to know what to do. You just can't win."***

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## SECTION 6

# Critical Analysis

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The Needs Assessment provides a comprehensive understanding of the Kansas early childhood care and education system. We conducted a critical analysis of this information to help prioritize needs and inform the goals of our Strategic Plan. We explored existing programs and services against demographic needs and Kansans' vision, and then analyzed the existing infrastructure across the system. The critical analysis findings identify strengths we can build on and gaps that can be addressed through a focused and ambitious strategic plan.

### Programs and Services *Strengths*

Several strengths exist across early childhood care and education programs and services. First, the Needs Assessment has extended our knowledge of the birth through five population. Demographics, state-level data, and indicators for children ages birth through five in Kansas, including underserved and rural populations, are

available from key sources. The information is accessible at the county level and easily aggregated for rural populations or by region.

Second, we targeted effective and sustainable early childhood care and education programs and services, administered and supported by key state agencies. Twenty-five programs were identified and mapped onto the Building Blocks of Healthy Development, Strong Families, and Early Learning. Ten of these programs have income requirements. Others have qualifiers such as services for developmental delays and disabilities. Services reach all areas of the state, and there are several quality initiatives that amplify program impact.

Third, numerous state and local partners have intentionally integrated central access points and shared referral systems across the early childhood care and education system. The centralized access point and referral system,

a core component of our Help Me Grow approach, reaches and engages underserved populations. The Integrated Referral and Intake System (IRIS) in Kansas communities offers real-time communication to gauge capacity and close referral loops. The statewide parent helpline, 1-800-CHILDREN, holds potential as a comprehensive listing of statewide and county-level services. Many programs, including tiny-k, use developmental screenings and Child Find activities to connect children and families to needed services.

## Challenges

**Population Need and Capacity** – Although we have many strengths to build on, challenges persist. We cannot disaggregate some populations, such as tribal and migrant children, from the population data. These children have unique needs. The lack of data makes it difficult to make fully informed decisions about reach and capacity. The most recent count of migrant children readily available by age group was in the 2013-2014 Migrant Education Program Needs Assessment. For tribal children in the age range, population estimates are available via the U.S. Census Bureau but the estimates and knowledge of providers working with the tribes do not align.

Kansas does not have an annual state report focused uniquely on the birth through five population. Numerous local communities conduct individual needs assessments often to meet funding requirements. Without access to a comprehensive source of birth through five indicators, communities are left to make decisions with partial information. This challenge is pronounced in rural communities and underserved populations. We have many pockets of information about these populations, but not a full picture.

Our existing early childhood care and education programs and services reach throughout the state. However, we are unable to distinguish between slots and total number of children served. For most programs and services, we know the number of slots available across our early childhood system, but do not have unique identifiers to tell us the unduplicated counts of children served. Limited waitlist information is available. Numbers for various key services within the mixed-delivery system are held in different locations or are only available via a variety of different reports. Much of the data pertains to numbers served and is collected in response to specific funding sources. While Kansans are sending a strong message that more services are needed, we cannot make targeted decisions about the allocation of slots without better understanding of this issue.

Related to this challenge is our incomplete picture of how the regional and geographic distribution of slots meets local needs. The lack of a shared data collection system or a single child identifier makes it difficult to know if an individual child is being served by multiple programs. We know that children are duplicated in service counts. Many local programs and organizations cross county lines to serve children in adjacent or neighboring counties. Because service data is usually aggregated at the program or organizational level, it is difficult to establish a precise count of children served in each county. Precise counts by county would give us a nuanced understanding of service gaps and lead to right-sizing funding decisions to high-need areas. We would also have an awareness of unique community needs when establishing new programs, enhancing developing programs, or sustaining existing quality programs. We cannot address the geographic, income, and racial inequities in early childhood care and

## A Kansan's Story: Parents in need



I have a family that is just barely making it they have two children and both parents work. The mom got a small raise at work, this put them just barely above the income guidelines for assistance. They are struggling to make ends meet and pay daycare. I wish there was a program to assist families in this situation, which there are a lot. I have had several parents remove their child from daycare telling me they have to have a family member watch their child because they lost their daycare assistance and cannot afford it.



education service accessibility without a commitment to fully understanding who is not served in Kansas and where they live.

The early childhood care and education system reflects a broad range of services for children ages birth through five. We reviewed the capacity of our home visiting, early education, and child care programs in response to the concerns we heard from Kansans about availability of these particular services. Child care is of concern because of a mismatch of service need and affordability. Kansas has a shortage of child care slots compared to the number of children ages birth through five. Even when child care is available, it is often not enough. The hours do not meet the hours families need, infant slots are scarce, and the cost is prohibitive either because families have child care subsidy but providers do not accept it or eligibility for child care subsidy is out of reach and families cannot afford the full price of care on their own. Families are left to cobble together full-day, full-year services for their children due to the current duration models of our other early learning programs across communities.

In sum, the greatest need for early childhood care and education services in Kansas is affordable, licensed, high-quality child care and/or early learning options to match the needs of working families. In a national scan

of child care policy, we reviewed strategies other states have used to fund and improve their child care systems. Our experiences mirrored national trends.

Currently, families can receive assistance from child care assistance funded by the Child Care and Development Block Grant under the Child Care Development Fund (CCDF). Kansas is not maximizing federal child care funds due to not identifying enough qualifying state investments to receive match funding. Kansas has not fully drawn down federal funds (CCDF) since 2013 and released \$5.6 million in 2017 (ACF, 2017). Many parents have jobs that require working “nontraditional” hours (nontraditional hours defined here as any hours outside of 7 a.m. and 6 p.m., overnight, and weekends). Because of these issues, families eligible for child care assistance programs may not participate because the child care providers cannot meet their needs in the form of operating hours, distance, quality, or affordability. In response, some families rely on unlicensed and unregulated in-home providers or relatives. To tackle these issues, states, including Kansas, must explore all sustainable options for fully funding child care access, supporting rural child care providers, supporting providers who offer nontraditional hours, and supporting community-level approaches for meeting child care needs for their families.

**Navigation and Transition** – The second greatest need for early childhood care and education services in Kansas is related to navigation. We need better systems in place for creating a greater awareness of available early childhood care and education services, and for engaging families in such services, especially families who are members of underserved populations. It needs to be easier and more common for Kansas families to access the system and to stay engaged until their children enter kindergarten. Barriers due to complicated eligibility requirements, the lack of culturally and linguistically appropriate supports and programs, and transitions prompted by changes in family circumstances and geography must be fully evaluated and addressed. Additionally, families have limited information about the quality of available programs in their communities. The implications of quality efforts such as the Kansas Quality Recognition and Improvement System must be considered as part of the broader navigation system for families so they can make informed decisions. The potential through existing centralized access points such as 1-800-CHILDREN, the Integrated Referral and Intake System, and Help Me Grow Kansas also plays a key role in addressing navigation challenges and barriers.

The transition between Pre-K and kindergarten has long-term impacts on children’s academic success. Our national scan of kindergarten transition practices highlighted the importance of this navigation point in particular and provided examples of promising practices in school districts and communities to better support

this critical component of the early childhood care and education system. Kansas has the opportunity to build on the statewide Kindergarten Readiness Snapshot (ASQ:3/ASQ:SE) to engage in key transition strategies, including data sharing, family engagement, student engagement, and professional development (Loewenberg, 2019). When done well, transitions offer an opportunity to prepare children, families, schools, and communities for success in kindergarten and beyond.

**Broader Early Childhood System** – Significant gaps in accessibility and availability of services exist across the broader mixed-delivery system. Health care services, mental health services, dental services, and economic/employment support services are the most critical cross-sector needs. The role of mental health services for the birth through five population in Kansas needs additional consideration. In our national scan of early childhood mental health, we identified three key strategies for fully implementing early childhood mental health services and supports as part of the broader early childhood system: 1) accessing all available funding through Medicaid for these services, 2) cross-training the early childhood workforce, and 3) integrating early childhood mental health consultations into early childhood care and education programs and services. Including these strategies as part of a comprehensive approach to the early childhood care and education system would bolster the impact for children and lay the groundwork for effective integration across the broader system.



**Table 8. Summary of Strengths and Gaps/Opportunities of Kansas’ Early Childhood Care and Education Programs and Services.**

<b>Programs and Services Element</b>	<b>Strengths</b>	<b>Gaps/Opportunities</b>
<b>Population Need and Capacity</b>	Range of data regarding geographical distribution of numbers and service saturation; demographics of children receiving services; waitlist numbers; and services utilized by underserved populations.	No state unduplicated count of children receiving and awaiting services.
<b>Navigation and Transition</b>	<p>Statewide early childhood care and education programs that support early learning, healthy development, and strong families.</p> <p>Early Childhood Block Grant.</p> <p>State home visiting network.</p> <p>Pre-K offerings in most school districts with local flexibility.</p> <p>Local efforts to reach and engage underserved populations through coordinated recruiting and centralized entry points.</p> <p>Efforts to increase trauma-informed education, care, and approaches.</p> <p>Developmental screenings and Child-Find activities.</p> <p>Local efforts to support smooth transitions across the system.</p> <p>Integrated Referral and Intake System (IRIS).</p> <p>Help Me Grow.</p>	<p>Limited child care capacity for infant-toddler care, care for children with special needs, or care for nontraditional hours.</p> <p>Geographic variability in child care capacity.</p> <p>Significant number of child care providers do not accept subsidy.</p> <p>Limited full-day, full-week Pre-K offerings.</p> <p>Gaps in services and supports for basic and economic skills, crisis services, and health services.</p> <p>Range of eligibility criteria and processes for “high-risk” or “at-risk” children.</p> <p>Lack of navigation supports for families.</p> <p>Lack of awareness of early childhood supports and services.</p> <p>Additional need for use of validated screening tools and subsequent referrals for evaluation.</p> <p>Common disruptors: transportation, cultural and linguistic barriers, geography, transportation, cost, and crises.</p> <p>Children reaching kindergarten without experiencing quality or any early education opportunities.</p> <p>No formal early childhood care and education to kindergarten transition processes or practices.</p> <p>Geographic and racial inequities.</p>
<b>Quality Across the Broader Early Childhood System</b>	<p>Existing efforts:</p> <p>Kansas Prekindergarten Guide and Kansas Full-Day Kindergarten Guide.</p> <p>Kansas Family Engagement and Partnership Standards for Early Childhood.</p> <p>Kansas Quality Network/Quality Rating and Improvement System Pilot.</p> <p>Child Care Quality Initiative.</p> <p>Maternal and Infant Early Childhood Home Visiting Program.</p> <p>Kansans Can Star Recognition Program.</p> <p>Measurement of classroom quality using the CLASS.</p> <p>Focus on quality and quality improvements across system at both local and state levels.</p>	<p>Fragmented data collection regarding the quality of all early education settings.</p> <p>Reach of Quality Rating and Improvement System due to pilot phase.</p>

## Infrastructure Strengths

Kansas has considerable strengths across our early childhood care and education infrastructure reflecting many years of commitment and vision. Our workforce boasts highly experienced individuals, with pockets of highly credentialed employees, especially in the areas of Pre-K, home visiting, maternal and child health services, and services to children with delays or disabilities. Some coordinated professional development programs are in place across the system. Fiscal mapping of both state and federal early childhood care and education funding is underway. Some shared data systems and measurements exist in pockets across the state. DAISEY houses individual-level data on over 33,000 families receiving services for nearly 50,000 Kansas children. The state has a robust longitudinal data system, beginning at enrollment in a Kansas State Department of Education-funded early childhood program or at kindergarten entry, with expertise in creating unique identifiers and matching children across districts and services.

A willingness and desire for collaboration exists across the broader Kansas early childhood care and education system. State agencies, private employers, and organizations continue to explore and support family-friendly policies and regulations. Regulations focused on the safety and well-being of young children are in place for key early childhood care and education services, such as child care. We have numerous early childhood councils and leadership groups all moving in the same direction, toward systems alignment across the state.

## Challenges

**Workforce** – The early childhood care and education workforce is a significant area of concern. We do not have the data or records about our early childhood workforce to make informed and effective decisions about key workforce issues. How do we improve our pathways for preparation? How do we recruit and retain qualified, capable, and diverse staff to deliver early childhood care and education services? How do we provide ongoing opportunities for professional development and support individuals in utilizing this knowledge in early childhood care and education settings? How do we sustain positive changes to compensation and benefits for the early childhood care and education workforce? A greater understanding and tracking of issues related to workforce preparation and retention is needed to fully assess the needs and make recommendations for sustainable solutions.

Our national scan of early childhood workforce supports revealed a trend across the United States: The early childhood workforce is under a state of constant economic distress, with much of this distress falling on women of color. Compared to other teaching professions, early childhood workers are significantly underpaid despite the more strenuous nature of taking care of infants. They are earning less than one-third of the median wage in all 50 states and face challenges to advancing their education and accessing basic needs, like health care. This economic disparity contributes to the early childhood workforce shortage, as well as recruitment and retention challenges. Consequently, the quality of early child care nationally suffers as an undereducated and underpaid workforce cannot provide higher-quality education and care.

Two national strategies could address these challenges: 1) supporting wages through public funding salary increases and education-linked compensation scales, and 2) greater support for education through partnership with institutes of higher education and scholarships.



**Facilities** – Another critical resource area is our early childhood care and education facilities. Limited information makes it difficult to pinpoint the key facility issues or provide a concrete answer regarding the needs and associated financial implications. A greater understanding and inventory of the issues (the number and location of facilities, the capital improvement needs, or the availability of additional space) is necessary to fully assess the scope of the needs and to make recommendations for sustainable solutions.

**Funding** – The analysis of our fiscal mapping project will provide a complete picture of funding allocations. We are developing a web-based data dashboard to create customizable summary reports of findings and recommendations to inform the Strategic Plan. Fiscal mapping findings will support cross-agency collaboration and program alignment to help minimize the burden on parents and families who must navigate a complex early childhood care and education system.

**Information Systems: Measurable Indicators and Data Systems** – High-quality data on the experiences of children and families in Kansas’ early care and education system is crucial to understanding whether

our state is adequately addressing the needs of its youngest residents. We cannot focus on equitable access to services, quality early learning environments, and increased opportunities for prevention and interventions that work without reliable and accurate data across the early childhood care and education system.

States must invest in systems that support quality early childhood data in order to answer fundamental questions about the health and well-being of their children prenatal through five:

*“Are young children (birth to age eight) on track to succeed when they enter school? How many children have access to high-quality early care and education programs? Is the early childhood workforce adequately trained to meet the needs of young children? Most policymakers cannot answer these basic questions because data about interventions for young children are siloed in different state and local databases. This means policymakers and other decision-makers do not have a complete picture of who is participating in which services or how well those services promote positive school readiness or health outcomes for children over time.”<sup>26</sup>*

**Kansas is not alone in recognizing the importance of early childhood data as a long-term investment of time, effort, and resources. Key findings from a 2018 Early Childhood Data Collaborative national report highlight the state of such systems across the country:<sup>27</sup>**

1. Policymakers still lack comprehensive data needed to assess early childhood policies and outcomes.
2. Home visiting and federally funded Head Start programs are the least likely among early childhood care and education programs to be linked by states relative to other early childhood programs.
3. From 2013 to 2018, the number of states that link child-level data from the Subsidized Child Care program increased.
4. Data about program site quality are linked most frequently by states, relative to other types of data such as workforce conditions (i.e., turnover) or structural standards (i.e., class size).
5. States were least likely to link workforce-level data relative to child- and program-level data.
6. Compared to 2013, fewer states have a defined data governance body to support the coordination and use of early childhood care and education data.
7. States lack processes to engage the public about data privacy policies.

A comprehensive data system is critical to support early childhood programs and services across multiple sectors, such as health, child care, child protective services, and early learning and education. Relevant early childhood care and education indicators must be integrated within sectoral information and data systems, and coordination between these data systems is critical to build a comprehensive, statewide understanding of the health and development of young children. Data system work requires extensive collaboration, coordination, interagency governance, and data design to bring information and systems together across the multiple federal and state early childhood care and education programs.

Navigating this complexity, both technical and adaptive in nature, mirrors the experiences of children and families trying to access the right services at the right time. From tackling issues of equitable access and quality, to demonstrating the effectiveness of early learning environments and programs, to coordinating services more efficiently for children and families, the ability to demonstrate the level of quality in our early childhood care and education system in Kansas rests upon the meaningful use of reliable, accurate data across all aspects of the system. We must do this work on behalf of those who are served by early childhood care and education programs to ensure equitable access, quality, and effectiveness of the system and programs Kansas has invested in and is responsible for administering. We have foundational assets and progress in many crucial components of an early childhood integrated data system. What we are missing is the intentional focus and true investment of sustained time, resources, and effort to bring it all together for children and families. These early childhood data systems, data assets, and initial foundational work set the stage for a more coherent vision, governance, and coordination effort to realize and sustain a robust Kansas early childhood integrated data system composed of interagency partners. In other words, Kansas is poised to more effectively and efficiently leverage its investments in existing early childhood data systems across agencies responsible for administering and monitoring its mixed-delivery system.

**Partnerships** – Greater systems alignment will lead to more effective, sustainable partnerships and collaboration. The potential for greater public-private partnerships

as a means to sustaining the Kansas early childhood care and education system and infrastructure must be considered. National examples show many effective ways in which the private sector can act as champions for early childhood care and education through advocacy, partnerships, leadership, resource building, financial support, and employee support. While several examples of community-level public-private partnerships exist in Kansas, we do not have a state-level mechanism to leverage public-private monies.

Within the existing early childhood care and education infrastructure in Kansas, collaboration across partners and stakeholders is largely focused on networking and cooperation, with some evidence of coordination, and few instances of effective coalitions. Collaboration has not been fully realized, though existing partnerships and the willingness to work together provide the foundation for moving toward effective collaboration. Consideration of these opportunities in relation to the opportunities for greater systems alignment should factor heavily in long-term planning.

**Policies and Regulations** – The Needs Assessment identified three policy and regulation areas where changes are needed to enhance the early care and education system: family-friendly benefits, child care licensing rules and regulations, and administrative/operational regulations. The state of Kansas provides six weeks paid parental leave and an Infants at Work program. Family-friendly benefits offered across sectors and employers vary widely and have been identified as a priority for state-led efforts to prevent adverse childhood experiences. For all families to benefit, greater spread and saturation of family-friendly policies are needed. Conflicting child care licensing rules and regulations across a variety of funding sources pose challenges for professionals to blend and braid funds. For example, centers that are blending subsidy dollars, Head Start, and state general funds must abide by regulations of each funding source. Finally, substantial paperwork and documentation requirements vary by federal and state funding sources, with the burden placed on communities and organizations to navigate. Alignment of funding sources, regulations, application processes, and reporting requirements is needed to simplify systems and reduce community burden.

**Systems Alignment** – Kansas has the necessary characteristics in place via statutory authority and the governor’s support, as well as agency leadership and staff capabilities to fully align across the early childhood care and education system.

**We recognize the following values are critical for an aligned system and governance model:**

- **Equity:** Kansas proactively identifies and addresses disparities so that each Kansas child and family in every corner of the state gets the opportunity to thrive.
- **Transparency:** The public understands and trusts the state to develop and support an early childhood system that is responsive to families’ needs.
- **Accountability:** The early childhood care and education system is accountable to stakeholders in terms of quality, equity, and outcomes. Programs are accountable for their services.
- **Participation:** Every Kansan is an early childhood stakeholder. There are baked-in opportunities to provide input, shape policy and programming, and generate solutions. In particular, parents and families meaningfully impact decision-making.
- **Sustainability:** Stable governance is established to navigate political and administrative changes and plan for the future of the next generation.
- **Efficiency:** Resources are allocated wisely to reduce duplication and provide investments and activities a return on investment.
- **Accessibility:** The system is easy to navigate.

The Needs Assessment Team also conducted a review of system alignment components and noted the following characteristics of high-performing early childhood offices or entities:

- **Organizational Capacity** – A vision guides the work, a communication plan is in place to engage stakeholders and create an iterative process to make adaptations as needed, and performance management system structures provide clear lines of reporting and include accountability measures.
- **Organizational Effectiveness and Efficiency** – Continuous quality improvement ensures compliance with standards, workforce and program progress, and improved outcomes for children. A unified data system identifies needs, capacity, and timely progress on child outcomes. Systems and program capacity are enhanced at the state and local levels. Protocols are established to promote and sustain community and parent engagement. Staff are recognized as talent, and there is a focus on continuous learning. Strategic financing provides resources, and administrative and burdensome requirements are minimized. Systems are aligned to ensure a smooth pathway for families. The workforce is high-performing with fair and coherent evaluation systems in place.
- **Leadership and Staff Capabilities** – Leaders are adaptive and innovative, are systems thinkers and excellent communicators, and use effective management strategies.

In reviewing the Kansas Early Childhood Advisory Council statutory membership requirements and considering stakeholders’ feedback, there is a need for technical, programmatic problem-solving to address service delivery challenges. The Governor’s Council on Education recommended the governor reorganize the Kansas Early Childhood Advisory Council in accordance with Public Law 110-134. The Kansas Early Childhood Advisory Council will carry out the duties and functions prescribed in Public Law 110-134, including collaboration and coordination in early childhood decision-making across agencies. The Kansas Early Childhood Advisory Council will prioritize developing recommendations to streamline state and federal requirements related to delivering quality early learning experiences, including requirements for data collection.

**Table 9. Summary of Strengths and Gaps/Opportunities of the Kansas Early Childhood Care and Education Infrastructure**

<b>Infrastructure Element</b>	<b>Strengths</b>	<b>Gaps/Opportunities</b>
<b>Workforce</b>	<p>Experience of the child care workforce.</p> <p>Credentials of the home visiting and Part C workforce.</p> <p>Professional development networks.</p> <p>Access to required professional development.</p>	<p>No statewide registry of early childhood care and education workforce.</p> <p>Varying early childhood care and education workforce qualifications across services, programs, and models.</p> <p>Pathways to early childhood care and education credentials.</p> <p>Professional development accessibility: geography, cost, topics.</p> <p>Compensation and benefits.</p> <p>Recruitment and retention of diverse, qualified workforce.</p> <p>Health care workforce.</p>
<b>Facilities</b>	<p>Interest and support for co-location of agencies and organizations in the broader early childhood system.</p>	<p>Limited information or data regarding physical conditions of early childhood care and education facilities.</p> <p>No current efforts to improve facilities.</p> <p>Opportunities exist to improve or enhance learning environments.</p>
<b>Funding</b>	<p>Fiscal mapping effort.</p> <p>Kansas Endowment for Youth (KEY) Fund and Children's Initiatives Fund (CIF)</p>	<p>Greater flexibility and alignment with existing resources.</p> <p>Potentially missed/underutilized funding streams.</p>
<b>Information Systems</b>	<p>Existing shared data systems and measures.</p>	<p>Variety and range of reporting mechanisms, requirements, and program outcomes.</p>
<b>Partnerships</b>	<p>Existing willingness and interest in partnerships and cooperation at local and state levels.</p> <p>Wide range of community-level partners including many non-early childhood care and education providers and agencies.</p>	<p>Need for greater cross-sector collaboration and public-private partnerships.</p> <p>Need for coordinated efforts focused on effective, sustainable collaboration and integration.</p>

<b>Infrastructure Element</b>	<b>Strengths</b>	<b>Gaps/Opportunities</b>
<b>Policies</b>	<p>Family-friendly policies for state employees.</p> <p>Statewide advocacy.</p>	<p>Need for broader reach of family-friendly policies.</p> <p>Lack of Medicaid expansion.</p>
<b>Regulations</b>	<p>Existing regulations targeted at the safety and well-being of children.</p>	<p>Complex and conflicting regulations.</p>
<b>Systems Alignment</b>	<p>National Governors Association Learning Lab and Workgroup.</p> <p>Numerous workgroups and councils going in same direction.</p> <p>Statute for early childhood coordination K.S.A. 38-1901.</p> <p>Child care policy of the state K.S.A. 65-528.</p> <p>Local Interagency Coordinating Councils.</p> <p>Kansas Early Childhood Advisory Team.</p>	<p>Early Childhood Advisory Council currently not operating.</p> <p>Overlap between workgroup membership and purpose.</p> <p>No clear decision-maker to align work at the state level.</p>



## SECTION 7

# Opportunities and Next Steps



### Bright Spots

While this Needs Assessment identifies critical challenges to tackle, there are programs, partnerships, and innovations to celebrate throughout our state. Kansans shared bright spots through individual stories and through community, partner, and stakeholder discussions. Over one-third of Our Tomorrows stories contained bright spots and shared examples of how Kansans are supported by friends, family, neighbors, services, and systems during challenging times (see Appendix F for full reports). Bright spots were identified in all communities participating in Community Engagement Sessions and Facilitated Visioning Sessions. Bright spots exist in all regions and indicate that Kansas is full of resilient families and communities who are striving to create the best possible circumstances for young children to thrive.

### Key Findings

- **Efficient, innovative, responsive efforts are occurring among early childhood care and education system partners in communities throughout the state.**

## Accessibility and Availability

Communities cite positive efforts to address the basic needs of families. This list includes such things as food pantries, summer food service programs, faith-based charities, backpack and school supply drives, free car seat and bike safety events, and nutrition education. Early childhood care and education providers know that if a child's most basic needs of food, safety, health, and shelter are in jeopardy, all aspects of learning and development are an uphill battle. In several counties, agencies have piloted adult education, job training, and programs directed at economic stability, knowing that helping parents achieve economic stability is a key step in helping their children.

In addition to immediate work to ensure children are not living in hunger or in unsafe environments, community leaders are further looking at the root of issues in their specific regions so programs can be developed to address specific causes rather than just treating symptoms. They are asking questions such as: Is housing affordable or does it fail to match the income levels of the area? Is child care so costly that a working family must skimp on groceries or fall behind on other basic needs? Is substance abuse leading to unsafe home environments and/or traumatic events? When these questions are posed, Kansas communities are trying hard to answer them with efforts tailored to their local needs.

Families living in poverty, particularly with young parents and/or in rural areas, often lack the transportation to become connected to early childhood care and education services. Additionally, many cannot afford to work and pay child care costs, resulting in some isolation from the system as a whole. A bright spot across Kansas is the wide array of home visiting programs that seek to connect families who otherwise might not be engaged. Every community we visited mentioned the positive impact of home visitors' connections, education, and referral services. Programs may vary in intensity and duration depending on the location or family's needs, but Kansans cited them all as helping families feel valued, supported, and more informed.

Many parts of our state have growing populations of families learning English who experience an array of barriers to accessing services. Communities mentioned dedicated efforts to hire and train more bilingual early childhood care and education staff while also building trust between families and providers of different cultures as a bright spot in multiple sessions. There is a strong desire to reach immigrant and refugee families who might be living in a climate of fear and bridge the gaps preventing them from receiving services. In some communities, this might appear as increased home visiting where a one-on-one relationship is cultivated, while in other places this might be addressed by additional hiring incentives for teachers with English Language Learning endorsements. Though it might look different from county to county, hard work is happening toward cultural inclusiveness.

Bright spots surrounding developmental inclusiveness also emerged across many community sessions. Participants frequently praised Part C services and the support for children ages birth to three with special developmental and health care needs. While some counties provide services in home settings, others collaborate with child care programs or preschool classrooms. No matter the method, the collaboration and support provided by Part C specialists are listed continually as a positive force for the early childhood sector. Additionally, many regions have recognized that extending social-emotional development, mental health, and trauma-informed care is critical for inclusiveness. Communities are striving to increase training, education, and access to services for behavioral health. Some districts have established early childhood classrooms focusing on social-emotional needs, while others have increased collaboration with community mental health centers. With a shortage of mental health facilities and providers in most of the state, this is a difficult road, but Kansas communities are rallying around reducing mental health stigma and healing trauma.



**Communities are striving to increase training, education, and access to services for behavioral health. Kansas communities are rallying around reducing mental health stigma and healing trauma.**

## Navigation and Collaboration

We consistently heard from families across the state that navigating the early childhood care and education system and its many overlapping sectors can seem an insurmountable task. Recognizing we have a distance to go to bridge this gap, many local efforts are underway to collaborate more effectively. In multiple locations, early childhood organizations have banded together to share ideas, pool resources, write grants, and maximize time and energy. Because so much of Kansas is categorized as rural or frontier, there is an understanding that communication is essential, and coalitions of teachers, directors, home visitors, family child care owners, and service providers exist across the state. They are all working toward common goals to smooth the experiences of families entering, transitioning, and exiting the early childhood care and education system.



An example of local collaborations are the Local Interagency Coordinating Councils, established at the local level to advise and guide the delivery of tiny-k service. When well-functioning at the local level, these councils include active and engaged membership from agencies such as Head Start, Parents as Teachers, parent support groups, local health departments, hospitals, professional service providers, local mental health providers, nonprofit programs, and local education agencies. Local Interagency Coordinating Councils are responsible for a range of activities including child find efforts and communication and collaboration among community partners on issues pertinent to the population they represent. Some of the councils help with other activities such as public awareness and professional development, in addition to advising the local tiny-k provider with matters of policy, resource development, and much more. Kansas currently has 36 Local Interagency Coordinating Councils creating a unique system that gives Kansas families more local representation and voice. Because it is not a requirement from IDEA, some states do not have these councils.

We also found examples of bright spots where parents have a voice as part of broader collaborative efforts. For example, the mission of the Family Advisory Council, at the state level, aims to achieve satisfaction of special health care services for families of infants, children and youth with special health care needs by advising and promoting opportunities for individuals with health care needs/disabilities to exercise self-determination. Their vision is to promote opportunities for family leadership and advocacy while supporting individuals with health care needs/disabilities to exercise self-determination and be independent, productive, integrated, and included in all facets of community life. The Family Advisory Council provides families of those served through Children and Youth with Special Health Care Needs opportunities to be partners in decision-making at all levels.

Taking this a step further, communities recognize that collaboration cannot simply exist in the bubble of birth through five direct services. As our governor has stated, “we are ALL early childhood stakeholders.” To this point, bright spots emerged in all sessions illustrating how sectors are opening communication and leveraging a collective impact mindset in an effort to make bigger change possible. Early childhood care and education



***One consistent bright spot for families with young children in each community surveyed was the public library system. Local libraries regularly offer meeting space, access to technology, and free social and educational family-friendly activities.***

professionals are merging with health care, child welfare, local extension offices, churches, parks, museums, service organizations, law enforcement, city government, and businesses to address the needs of families. We are seeing programs for children centrally located in one building where multiple agencies can be accessed at once. Some towns are encouraging businesses to offer better paid leave, give more donations to nonprofit agencies, or provide on-site child care for employees. In one community, collaboration appears as a partnership between Head Start and a local dentist who serves children ages birth to three. In another it emerges as a trauma-informed program for law enforcement officers who work side by side with early childhood specialists. Innovation abounds at the local level to assess the unique characteristics of each population and then improve services through collaborative labor.

Some coalitions in Kansas, such as the Kansas Breastfeeding Coalition, have gained significant traction with their efforts and serve as a model for effective collaboration. Over the past 10 years, the Kansas Breastfeeding Coalition and partners have grown the number of local breastfeeding coalitions, introduced recognitions for communities and employers who are breastfeeding-friendly or have significant efforts to support breastfeeding mothers (such as “Communities Supporting Breastfeeding”), supported child care providers in becoming designated as “Breastfeeding-Friendly Child Care Providers” and hospitals as “High 5 for Mom and Baby” hospitals, provided education to cross-sector partners, and undertaken comprehensive marketing efforts. The impact of their work can be seen in the improved breastfeeding initiation rate in Kansas. While other coalitions and collaborations are bright spots in our state, the Kansas Breastfeeding Coalition is an example of cross-sector collaboration bringing together partners for the purpose of systems change.

One consistent bright spot for families with young children in each community surveyed was the public library system. Kansans cited this system as an excellent example of the positive outcomes that can happen when a centralized location brings people together. Local libraries regularly offer meeting space, access to technology, and free social and educational family-friendly activities. For a rural family who feels geographically isolated, it can mean connection and social support. For a low-income family, it can mean experiencing otherwise unavailable fun and enriching activities for their children, or opportunities to seek job training/employment assistance for parents. For those lacking educational resources, it can mean a critical language and literacy boost in their child’s development. Whichever way it serves each family, Kansans could not say enough good things about their library system.

Kansas State University Research and Extension is recognized as an important partner across the state. In local communities, county extension staff participate in local early childhood coalitions and provide resources to support parents and families, including education through programs such as the Supplemental Nutrition Assistance Program Education (SNAP-ED). Partnerships exist between these local extension offices and local health departments, school districts, and early education programs, providing an example of the ways in which cross-sector partnerships can extend the reach of the early childhood care and education system.

### **Workforce and Facilities**

The largest bright spot guiding the future of early childhood care and education in Kansas is the tremendous love and care put forth by the professional workforce. The devotion and spirit we saw in an often underpaid and overworked population was astounding. While the dedication is admirable, the difficulties of the field weigh heavily and lead to burnout and turnover.



Some communities already recognize they cannot continue to desire improvements in quality services for children without comprehensive change to the working conditions. As communities see the workforce aging, the bright spot is that they are looking for inventive ways to build the next generation of early childhood care and education service providers, focusing on financial stability and educational achievement. Ideally, increasing those strengths would naturally lead to higher-quality care and education overall.

Just as they have identified the unique local-level needs of underserved populations and collaborated across sectors, Kansans have also displayed the ability to address distinctive issues in their own communities' workforces. Although there remains a need to increase respect for early educators, bright spots still emerged where small yet important endeavors are happening. When a district saw that behavioral interventions were increasing significantly in classrooms, they began new training on social-emotional health. In response to many rural providers being unable to attend professional development events, statewide agencies worked to ensure more online courses were offered. In one region, as increasing numbers of children began to enter Pre-K with clear delays, early childhood staff started relentless outreach to doctors and clinics to engage in developmental screenings. Noting that early childhood teachers could often not afford their own

child care, one district secured funds just for this purpose. Examples like this were found throughout the state, and we are hopeful that many can be replicated, expanded, and used to strengthen the workforce statewide.

Links to Quality Learning Communities are a key part of the Kansas' QRIS and provide a promising model on which to build. Links to Quality (L2Q) is a network of bright spots across Kansas for sustaining and expanding quality child care. In five pilot learning communities, 41 early childhood professionals from family- and center-based child care programs meet with a team of peers for shared learning, problem-solving, goal-setting, and celebrating achievements. Six community consultants provide coaching, technical assistance, encouragement, and resources to support implementation of quality improvement plans and the cohesion of each community. Since the pilot began, participants have shared that the L2Q learning communities provided the support they needed to expand their business, stay in business during tough times, learn new ways to engage and support families, and above all, improve quality. Rooted in the strengths of each community and supported by the Kansas Department for Children and Families, L2Q learning communities support the growth, leadership, collaboration, and confidence of the participating care providers as they learn, change, grow, and become champions for quality early childhood education.

Related to facilities, the willingness to consider creative funding approaches to renovating existing facilities into high-quality child care centers surfaced as a bright spot throughout the state, with local communities sharing specific examples of successful strategies. One example is the community child care center located in Phillipsburg, in the Northwest region of the state. Utilizing a creative public-private partnership to finance the renovation of an existing building into a top-notch child care facility, the community expanded its child care capacity and created a high-quality learning environment for young children. Civic and business leaders in the community spearheaded the effort to bring together private funding, local donations, and federal tax credits to fund the project. The center opened in July 2019 and community leaders are sharing their experiences and expertise with other communities in Kansas considering this strategy for expanding child care services.

### **Systems Alignment**

Two specific opportunities created by federal and state legislation point the way toward greater cross-sector alignment and serve as potential bright spots. The federal Family First Prevention Services Act creates an opportunity to engage cross-sector partners in foster care prevention. The Kansas Department for Children and Families is engaging partners in this work in Kansas through the Family First Prevention Services Grant Request for Proposal, a funding opportunity for prevention programs across mental health, substance abuse prevention, child welfare, kinship navigator, and parenting education providers. At the state level,

the Kansas Legislature created the Language Assessment Program for Deaf/Hard of Hearing Children, which creates the opportunity to assess approximately 650 deaf/hard of hearing children ages birth to eight in Kansas biannually and create opportunities for cross-sector support for these families.

There is a significant state-level leadership elevating the importance of early childhood. The Kansas State Board of Education's vision lays a foundation for stronger community partnerships to support expanded early childhood opportunities. Kindergarten Readiness is essential to the Kansans Can vision. As of the 2019-2020 school year, 66 of 286 Kansas school districts have volunteered to engage in the Kansans Can school redesign process to further the State Board's goals. Strong community partnerships are one of four Kansans Can school redesign principles, and this process is leading many districts to more thoughtfully consider their community's early childhood landscape from a multisector perspective.

Bright spots are more difficult to pinpoint in the area of infrastructure and systems alignment. While many of the bright spots described above have strong infrastructure elements as a foundation, bright spots in programming and efforts were more readily shared by Kansans. However, when bright spots did touch on infrastructure, they were primarily as examples of family-friendly policies, flexibility in regulations that encourage and allow for creative problem-solving, and efficiencies reached through reallocation and distribution of resources.



***There is a significant state-level leadership elevating the importance of early childhood. The Kansas State Board of Education's vision lays a foundation for stronger community partnerships to support expanded early childhood opportunities.***

# NEEDS ASSESSMENT KEY FINDINGS SUMMARY

The eight key findings from our Needs Assessment highlight the bright spots, challenges, and opportunities identified by over 6,100 Kansans.



**Accessibility: Families with young children experience inequitable access to high-quality programs and services across the broader early childhood system.**

Geography, awareness, eligibility, fear, and costs contribute to the inequities. Proximity to the location of services as well as geographic distribution of services impacts ease of access. Families with young children often remain unaware of the services that are available to them until a family emergency or crisis necessitates initial access. Stigma, misconceptions, and fear limit accessibility, especially among immigrant and refugee populations. Limiting and conflicting eligibility criteria adds an extra layer of challenge to understanding and identifying appropriate services. Consequently, the youngest Kansans are often without adequate care or services for the most critical years of brain development (birth to three) and the years immediately prior to kindergarten (three through five).



**Availability: Families with young children experience a gap between the services that are available and their actual needs, disproportionately affecting vulnerable and underserved populations.**

Gaps exist across sectors of the broader early childhood system but are concentrated in a few key areas: parenting skills, basic and economic supports, child care, crisis services, and health care. Parents lack sufficient support to gain the skills and resources they need to nurture the healthy development of their children. Parents need more assistance with basic life skills, including economic skills and support for basic needs. Child care is a significant need, especially infant care, care during nontraditional hours, and care for children with special needs. More behavioral and mental health services are needed for both young children and parents, including cross-sector trauma-informed services for addressing challenging behaviors and engaging hard-to-reach families. Families facing the disruptions caused by foster care, substance abuse, homelessness, and incarceration need additional support.



**Navigation: Families must adopt a “connect the dots” approach to navigate services across sectors; disruptors are frequent and common.**

Entry points to services vary greatly across communities and types of services. Transition gaps occur at multiple levels, requiring families to “connect the dots” within the early childhood care and education system, between sectors, and into kindergarten. Continuous engagement in early childhood care and education services requires significant problem-solving by families already in crisis, placing an additional burden on them. Common disruptors exist around transportation, cultural and linguistic barriers, health care, geography, cost, and crises. There are significant missed opportunities across the system to engage families, to provide parenting education, and to connect families with needed services.





**Workforce: Early childhood workforce needs at the leadership and direct service levels include preparation, compensation and financial relief, ongoing training and support, and recruitment and retention.**

The current supply of qualified individuals is not sufficient to fill the gap in the early childhood care and education workforce or sustain any long-term expansion of service availability. Past workforce efforts have not gained the type of traction or support needed to fully recognize a coordinated and sustainable approach to strengthen the workforce across the state.



**Facilities: Needs exist related to the physical conditions and environments of early childhood facilities across the state.**

Efforts around facilities have been largely driven by regulation and current “hot topics” in the child care arena. Additional learning materials and enhancements to environments are needed as part of quality improvement. No formal effort exists to support capital improvements or investments. An increasing number of providers have entered or have considered co-location as a strategy to both manage the cost of facilities and to better reach families.



**Collaboration: Early childhood providers and stakeholders share a desire for collaboration and cooperation, but efforts are often disconnected and uncoordinated.**

Multiple examples occur across regions and communities, as well as at the state level, of shared efforts amongst cross-sector partners to efficiently engage and retain vulnerable and underserved families in services. At the same time, many are trying to function across multiple levels of coordination and cooperation that are single purpose-driven rather than comprehensive in nature, leading to lack of commitment and little progress toward the streamlining of efforts and resources necessary for true cross-sector collaboration.



**Systems Alignment: Greater systems alignment is needed in order to fully realize an efficient and robust early childhood care and education infrastructure.**

The current system remains siloed, fragmented, and difficult to navigate, without a model that defines the structures, partners, and best practices for early childhood care and education for all children. There is not a functional and distinct model that defines the structures and partners for high-quality early childhood care and education for all children. Regulations have unintended consequences that affect accessibility and availability of services. Utilizing multiple funding streams is necessary to sustain services, yet funders typically have conflicting policy regulations, expectations, or requirements.

Policy gaps exist around economic well-being of families and family-friendly policies, as well as Medicaid expansion. Primary areas for future systems alignment include regulation and policy, data sharing, funding and resources, and shared governance/system integration.



**Bright Spots: Efficient, innovative, responsive efforts are occurring among early care and education system partners in communities throughout the state.**

Bright spots exist in all regions. Kansas is full of resilient families and communities that are striving to create the best possible circumstances for young children to thrive. Kansas has strong communities with passion, genuine care, and determination for improving the systems for children and families.



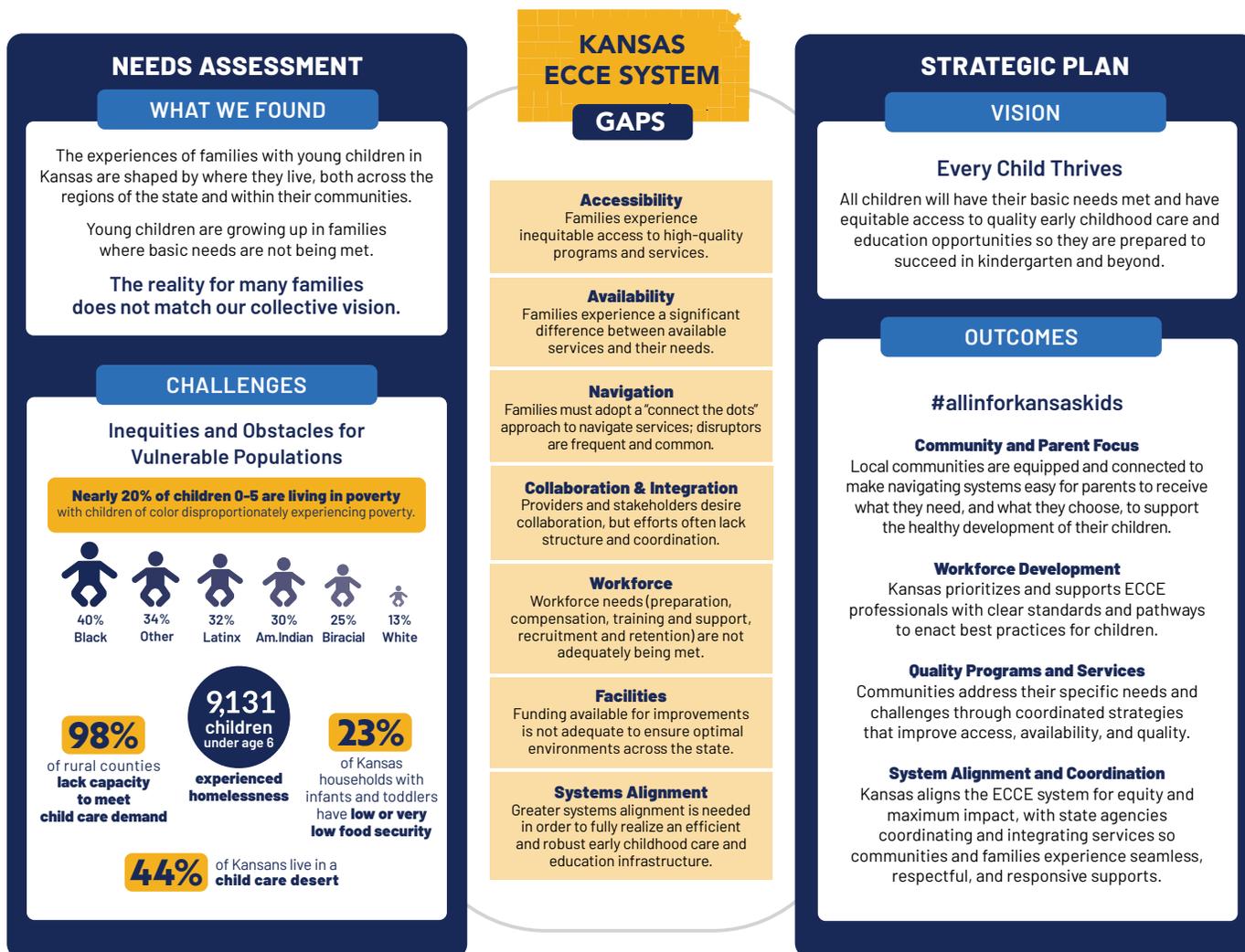


## Conclusion

We embarked on a journey in Kansas to understand the current early childhood care and education landscape by considering the stories and experiences of Kansas children and families, the current status of Kansas early childhood care and education programs and services, and the infrastructure. We listened to what Kansans told us about the daily impact of the system on their lives. We heard about the ways in which the early childhood care and education system lifts up and supports our families with young children, but also the ways in which it falls short.

With this understanding, we pivot to our Strategic Plan for the early childhood care and education system in Kansas. We are on a journey toward a Kansas in which children and families thrive in caring and connected communities, high-quality early childhood care and education services are equitably accessible and available, the early childhood workforce is valued and respected, and our resources and investments align with our vision.

Figure 9 illustrates the bridge between our Needs Assessment and Strategic Plan, showing the gap between our vision and reality, and how these findings will inform our Strategic Plan.



**We invite Kansans to join us in realizing this vision by visiting [kschildrenscabinet.org/early-childhood/](https://kschildrenscabinet.org/early-childhood/).**

**Now, the exciting work begins.**

# APPENDICES

- A. Summary of Review of Existing Needs Assessments and Reports**
- B. Professional Development Survey**
- C. Environmental Needs Survey**
- D. Pre-K Survey**
- E. Our Tomorrows Phases Overview**
- F. Our Tomorrows Information**
- G. Contributors**

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Appendix A. Summary of Review of Existing Needs Assessments and Reports

**Summary of Review of Existing Needs Assessment and Reports**

<b>Identified in PDG Planning</b>				
<b>Title</b>	<b>Author or State Department</b>	<b>Year</b>	<b>State or Local</b>	<b>Content</b>
2017 Kansas Child Care Market Analysis Final Report	DCF	2018	State	Analysis of child care market rates.
<i>2018 Child Care Supply Demand Report: The Landscape of Child Care in Kansas</i>	DCF/KS Childcare Aware	2018	State	Description of the current supply and demand for child care across Kansas counties.
KCCTO 2018 Workforce Professional Development Survey	DCF/KCCTO	2018	State	Assessment of the training and professional development needs of Kansas child care staff.
KS-HSCO 2018 Needs Assessment and 2018-2021 Strategic Plan	DCF, Kansas Head Start Collaboration Office	2018	State	Identifies the gaps in collaboration among Head Start and Early Head Start agencies, their partners, and other service providers
Head Start Community Assessments	Local grantees	various	Local	6 local needs assessments of early childhood needs.
MIECHV Needs Assessment	KDHE	2010	State	Needs Assessment for Federal MIECHV funding.
MCH 2020: Kansas Maternal and Child Health Needs Assessment; Priorities and Action Plan, 2016-2020	KDHE	2016-2020	State	Needs Assessment for Federal MCH funding.
Part C Needs Assessment (DRAFT)	KDHE	2019	State	Needs Assessment for Federal Part C funding.

**Appendix A. Summary of Review of Existing Needs Assessments and Reports**

FY2019 Kansas SNAP-ED Proposal	KSRE/DCF	2019	State	Grant proposal and Needs Assessment for Federal SNAP funding.
KDHE Nutrition and WIC Services 2016-2019 Strategic Plan with Planning Details & National And State Level Estimates of WIC Eligibility and WIC Program Reach	KDHE, USDA	2016, Annual	State	Plan with strategic goals for WIC and other nutrition services. Report of WIC number.
Improving the Lives of Kansas Kids: Early Childhood Block Grant Report	WSU/KCCTF	2017-2018	State	Annual Report of the programs funded by the Early Childhood Block Grant.
<b>Provided by Stakeholders and Partners or Identified during Needs Assessment Process</b>				
<b>Title</b>	<b>Author or State Department</b>	<b>Year</b>	<b>State or Local</b>	<b>Content</b>
2018 Home Visiting Yearbook	National Home Visiting Resource Center	2018	State	Compilation of key data on early childhood home visiting, including Kansas profile.
Early Learning Facilities Policy Framework	Bipartisan Policy Center	2018	National	Describe trends in facilities; identify policy recommendations
Child Care Aware KS Child Care Fact Sheet	CCA	2018	State	Profile of Kansas child care.
Head Start Program Information Report	OHS	2018	State	Grantee reported EHS/EHS information for Kansas.
Early Childhood Workforce Index 2018 - Kansas Profile	Center for the Study of Child Care Employment, University of California, Berkeley	2018	National with state profile.	Overview of the status of the early childhood workforce.

**Appendix A. Summary of Review of Existing Needs Assessments and Reports**

Identifying Child Care Deserts	Center for American Progress	2018	National with state profile.	Analysis of the licensed and registered supply of child care nationwide.
Who Cares for Kansas Children? 2018 Kansas Child Care Workforce Study and State Child Care Profile	CCA	2018	State	Assessment of the landscape of child care needs vs. capacity in KS. Description of the characteristics of the current child care workforce.
Early Childhood Block Grant Local Needs Assessments	Various	2018	Local	21 local community assessments of early childhood needs.
Community-Based Child Abuse Prevention Program Local Needs Assessment	Various	2018	Local	7 local community assessments of Child Abuse Prevention Needs.
Kansas 2017-2018 Parents as Teachers Annual Report	KSDE	2018	State	KS PAT Annual Report of services and recipients.
2018 and 2019 County Packets	DCF	FY18 and FY19	State	Various reports of DCF services by county and state.
Foster Care/Adoption Summary Reports	DCF	FY18 and FY19	State	Various reports of DCF services by county and state.
Family Preservation Reports	DCF	FY18 and FY19	State	Various reports of DCF services by county and state.
Voices in the Community	Community Action Inc.	2018	Local	Topeka CAP Needs Assessment.
Early Childhood Homelessness in the United States: 50 State Profile	ACF	2017	State	Brief overview of impact of homelessness on young children and state snapshots.
State of Babies Yearbook, 2019 (Kansas Profile)	Zero to Three; Child Trends; Think Babies	2019	National with state profile.	State rankings of factors impacting infant and toddler health and development.
Economic and Employment Services Public Assistance Report	DCF	FY18 and FY19	State	Various reports of DCF services by county and state.

**Appendix A. Summary of Review of Existing Needs Assessments and Reports**

Smiles Across Kansas	KDHE - Kansas Bureau of Oral Health	2012	State	Status of oral health amongst Kansas Head Start children.
Kansas Head Start Smiles for Life	KDHE - Kansas Bureau of Oral Health	2017	State	Status of oral health amongst Kansas Head Start children.
Retroactive Immunization Studies	KDHE	Annual	State	Immunization Rates.
County Health Rankings - March 2019 (Kansas Profile)	KHI/RWJF	2018	State	Ranking of counties by overall health and future health indicators.
Community Health Dashboards	Kansas Health Matters	Varies	State and Local	Health indicators at state and local level.
Breastfeeding Reports – Various	Kansas Breastfeeding Coalition	varies	State and Local	Status of breastfeeding in Kansas.
Kansas Medicaid - A Primer, 2019	KHI	2019	State	Overview of Medicaid in Kansas.
Children's Uninsurance Rates Varies Five-Fold across Kansas Counties.	KHI	2018	State	Overview insurance rates in KS.
Mental Health Task Force Report	KDADS	2019	State	Strategic Plan
KS HSCO created McKinney Vento report	DCF, Kansas Head Start Collaboration Office	2018	State	Highlight efforts of HS/EHS programs to serve homeless children.
KS HSCO report on successful collaborations	DCF, Kansas Head Start Collaboration Office	2018	State	Highlights collaboration efforts of HS/EHS programs.
Kansas Kids Count	AECF, KAC	2018	State and Local	Report on Kansas children demographics and indicators.
Healthy Families Annual Report	KCSL	2018	State	Agency annual report of Healthy Family services.
Migrant Education Program Comprehensive Needs Assessment	KSDE, KMEP	2016	State	Identify unique needs of migrant children and guide services.



## Early Childhood Professional Development Survey 2019

Welcome to the 2019 Professional Development Survey distributed through Child Care Aware of Kansas and Kansas Child Care Training Opportunities (KCCTO). This survey will provide results to multiple state agencies to guide planning and implementation through the Early Childhood Comprehensive System-Building project in Kansas. We appreciate your time and feedback.

1. In what ZIP code is your program located? (enter 5-digit ZIP code; for example, 00544 or 94305)

2. Program County

3. What type of facility do you work in or operate?

4. How long have you been working with young children?

Less than 1 year

1 year to less than 3 years

3 years to less than 5 years

5 years to less than 10 years

10 years to less than 15 years

15 years to less than 25 years

25 years or more

### Licensed Day Care Home/Group Day Care Home

5. What is your title?

Owner/Primary Provider

Family Child Care Assistant

Other (please specify)

### School Age Program/Drop-in Program

6. What is your title?

Principal/Administrator/Owner

Lead Teacher

Assistant Teacher

## Appendix B. Professional Development Survey

Other (please specify)

### Child Care Center/Preschool/Public Pre-K/Head Start

7. What is your title?

Owner/Director/Administrator

Lead Teacher

Assistant Teacher

Other (please specify)

### Program Characteristics

8. Enter the total licensed capacity of your program

9. Total number of classrooms

10. Enter the number of children (full and part-time) currently enrolled in your program

Number of children ages 2 weeks through 11 months

Number of children ages 12 months through 23 months

Number of children ages 2 years through 3 years

Number of children ages 3 years through 4 years

Number of children ages 4 years through kindergarten age

Number of children who are kindergarten age through 8 years

Number of children ages 9 years through 12 years

11. Total number of employees working directly with children

Number Working Full Time (30 or more Hours/week)

Number Working Part-Time (less than 30 Hours/week)

Number Working Temporary or On-call positions

12. Do you develop an annual training and/or professional development plan for your employees?

Yes

No

Other (please specify)

13. When you look for professional development opportunities, what level of content do you seek for **your staff**? Please review the following list and select all topics that fit with your interests for *your staff* in professional development.

Beginner – General introduction to the topic and basic strategies that a beginner can put it into practice.

Intermediate – Topic is explored in greater detail, building upon your prior knowledge so that you can plan and implement evidence-based practices.

Advanced – Comprehensive coverage of a topic, building upon intermediate knowledge so that you can analyze and evaluate program/classroom practices.

Child Growth and Development

Beginner

Intermediate

Advanced

## Appendix B. Professional Development Survey

Developmentally Appropriate Practices, Including Learning Environment and Curriculum

Beginner

Intermediate

Advanced

Physical Activity Including Outdoor Play

Beginner

Intermediate

Advanced

Literacy and Language

Beginner

Intermediate

Advanced

Social and Emotional, Including Challenging Behaviors

Beginner

Intermediate

Advanced

Creative Arts

Beginner

Intermediate

Advanced

Cognitive/Brain Development

Beginner

Intermediate

Advanced

Observing and Assessing Children

Beginner

Intermediate

Advanced

Communicating with Families

Beginner

Intermediate

Advanced

Building Relationships with Families

Beginner

Intermediate

Advanced

Health and Safety

Beginner

Intermediate

## Appendix B. Professional Development Survey

Advanced

Nutrition

Beginner

Intermediate

Advanced

Positive Interactions with Children

Beginner

Intermediate

Advanced

Business Planning Including Financial Planning

Beginner

Intermediate

Advanced

Staff Development

Beginner

Intermediate

Advanced

Trauma Informed Care

Beginner

Intermediate

Advanced

Kansas Early Learning Standards

Beginner

Intermediate

Advanced

Infant/Toddler Care and Practices

Beginner

Intermediate

Advanced

Kindergarten Readiness

Beginner

Intermediate

Advanced

Special Needs (Inclusion)

Beginner

Intermediate

Advanced

Other (please specify)

## Program Specific Information

14. Where is your program located?

15. Is your program full day?

Yes

No

16. Are you a DCF Subsidy Provider?

Yes

No

17. Are you a CACFP Provider?

Yes

No

18. Is your program accredited?

Yes

No

## Accreditation Type

19. Type of Accreditation

NAEYC

NAFCC

Other (please specify)

## Access to Professional Development

20. How much you agree with this statement: "In general, I receive the kind of training I need to do my work."

Strongly Agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

21. Above and beyond the minimum that is required by licensing or your program, how often do you participate in professional development opportunities in a typical year?

Rarely or never

1-2 times per year

3-5 times per year

Once a month

More than once a month

## Appendix B. Professional Development Survey

22. What would help you attend more professional development events? Please select all that apply.

- Availability of relevant topics
- Availability of relevant topics at my level of experience
- Location of in-person events
- Availability of on-line professional development training events
- Access to technology/internet
- Tuition support
- Lower registration fees/overall cost
- Job release time
- Availability of substitute to cover while I attend
- Owner/Director/Administrator Support
- Events offered in a language other than English
- Other (please specify)

23. What sources do you use to find out about professional development classes/events?

### **What sources do you currently use to find out about professional development classes/events?**

- Newsletters, postcards, or fliers with training information
- Direct contact to program owners/directors
- A single web-based calendar that lists the time, date, and location of local, regional and statewide training
- Early Childhood Consulting/Coach/TA Specialist
- Local Health Department/Licensing
- Kansas Department of Health and Environments (State KDHE Office)
- Emails with training dates and topics
- Social media (Facebook, Twitter, Instagram)
- Kansas Child Care Provider Collation (CCPC)
- Kansas Association for the Education of Young Children (KSAEYC)
- Child Care Aware (CCA)
- Kansas Child Care Training Opportunities (KCCTO)
- Infant Toddler Specialist Network (ITSN)
- Other (please specify)

### **What sources would help you increase your awareness of upcoming classes/events?**

- Newsletters, postcards, or fliers with training information
- Direct contact to program owners/directors
- A single web-based calendar that lists the time, date, and location of local, regional and statewide training
- Early Childhood Consulting/Coach/TA Specialist
- Local Health Department/Licensing
- Kansas Department of Health and Environments (State KDHE Office)
- Emails with training dates and topics
- Social media (Facebook, Twitter, Instagram)
- Kansas Child Care Provider Collation (CCPC)
- Kansas Association for the Education of Young Children (KSAEYC)
- Child Care Aware (CCA)
- Kansas Child Care Training Opportunities (KCCTO)
- Infant Toddler Specialist Network (ITSN)
- Other (please specify)

## Appendix B. Professional Development Survey

24. What are your preferred months to attend professional development training?

January

February

March

April

May

June

July

August

September

October

November

December

25. What time of day and what days of the week are most convenient for you to attend professional development training events? (Select all that apply)

Monday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Tuesday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Wednesday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Thursday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Friday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Saturday

8 AM to 12 PM

1 PM to 5 PM

6 PM to 9 PM

Sunday

8 AM to 12 PM

1 PM to 5 PM

## Appendix B. Professional Development Survey

6 PM to 9 PM

Other (please specify)

26. What is your preferred length of professional development training?

1-2 hours

3-4 hours

5-6 hours

7 or more hours

27. How far do you currently travel to attend professional development training events?

Less than 25 miles

25-50 miles

50-75 miles

More than 75 miles

28. Where do you usually get professional development training? (Select all that apply)

On-site technical assistance or training at our program

Support person who comes to your home/center/classroom for ongoing coaching or mentoring

Internal training provided by the director or other staff

On-line Training

2-year or 4-Year College Courses

Continuing Education Units (CEUs)

Clock Hours to Meet State Licensing Requirements

State or national professional conferences, meetings or events

Other (please specify)

29. What is the highest level of education you have completed?

Did not complete high school or obtain GED

High school graduate or GED

Child Development Associate (CDA)

Vo-tech

Early Childhood Certificate Program

Associate degree in Early Childhood

Other two-year college degree

Some college courses

4-year college degree, majoring in Child Development or Early Childhood Education

Other 4-year college degree

Some post-baccalaureate graduate school courses

Post-baccalaureate Graduate degree, majoring in Child Development/Early Childhood Education

Other post-baccalaureate Graduate degree

Other (please specify)

30. When you look for professional development opportunities, what level of content do you seek for **yourself**? Please review the following list and select all topics that fit with *your personal interests* in professional development.

Beginner – General introduction to the topic and basic strategies that a beginner can put it into practice.

Intermediate – Topic is explored in greater detail, building upon your prior knowledge so that you can plan

## Appendix B. Professional Development Survey

and implement evidence-based practices.

Advanced – Comprehensive coverage of a topic, building upon intermediate knowledge so that you can analyze and evaluate program/classroom practices.

Child Growth and Development

Beginner

Intermediate

Advanced

Developmentally Appropriate Practices, Including Learning Environment and Curriculum

Beginner

Intermediate

Advanced

Physical Activity Including Outdoor Play

Beginner

Intermediate

Advanced

Literacy and Language

Beginner

Intermediate

Advanced

Social and Emotional, Including Challenging Behaviors

Beginner

Intermediate

Advanced

Creative Arts

Beginner

Intermediate

Advanced

Cognitive/Brain Development

Beginner

Intermediate

Advanced

Observing and Assessing Children

Beginner

Intermediate

Advanced

Communicating with Families

Beginner

Intermediate

Advanced

## Appendix B. Professional Development Survey

Building Relationships with Families

Beginner

Intermediate

Advanced

Health and Safety

Beginner

Intermediate

Advanced

Nutrition

Beginner

Intermediate

Advanced

Positive Interactions with Children

Beginner

Intermediate

Advanced

Business Planning Including Financial Planning

Beginner

Intermediate

Advanced

Staff Development

Beginner

Intermediate

Advanced

Trauma Informed Care

Beginner

Intermediate

Advanced

Kansas Early Learning Standards

Beginner

Intermediate

Advanced

Infant/Toddler Care and Practices

Beginner

Intermediate

Advanced

Kindergarten Readiness

Beginner

Intermediate

## Appendix B. Professional Development Survey

Advanced

Special Needs (Inclusion)

Beginner

Intermediate

Advanced

Other (please specify)

### Your Child Care Program Highlights

**In each of the categories below, please review the list of items and select the top things that you or your child care program does well, and the top things that you or your program struggles with or finds challenging.**

31. Policies – Select the top thing that you or your child care program does well

32. Policies – Select the top thing that you or your child care program struggles with or finds challenging

33. Business Operations and Budgeting – Select top thing that you or your child care program does well

34. Business Operations and Budgeting – Select the top thing that you or your child care program struggles with or finds challenging

35. Employees – Select top thing that you or your child care program does well

36. Employees – Select the top thing that you or your child care program struggles with or finds challenging

37. Compensation – Select top thing that you or your child care program does well

38. Compensation – Select the top thing that you or your child care program struggles with or finds challenging

39. Families – Select the top thing that you or your child care program does well

40. Families – Select the top thing that you or your child care program struggles with or finds challenging

41. Children – Select the top thing that you or your child care program does well

42. Children – Select the top thing that you or your child care program struggles with or finds challenging

43. General issues with working in the field – Select the top thing that you or your child care program does well

44. General issues with working in the field – Select the top thing that you or your child care program struggles with or finds challenging

## Appendix B. Professional Development Survey

45. Please tell us something about your program operations or services that is unique or outstanding.

**Thank you for completing the 2019 Professional Development Survey. This survey will provide results to multiple state agencies to guide planning and implementation through the Early Childhood Comprehensive System-Building project in Kansas. We appreciate your time and feedback.**

Appendix C. Environmental Needs Survey

Child Care Environment Self-Assessment  
Child Care Aware of Kansas

Program Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of Person Completing the Assessment: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

County: \_\_\_\_\_ License Number: \_\_\_\_\_

Type of Program: Home Based/Family Child Care \_\_\_\_\_ Center Based Child Care \_\_\_\_\_

**Program Enrollment:**

Enter the number of children (full and part-time) enrolled in your program. Do not enter license capacity.

# of Infants (2 wks through 11M)

# of Infant/Toddlers (12M through 17M)

# of Toddlers (18M through 23M)

# of Toddlers (2 years)

# of Preschoolers (3 years through 5 years)

# of School Age (6 through 8 years)

# of School Age (9 through 12 years)

# of School Age (13 years and older)

**Program Demographics:**

DCF Provider: \_\_\_\_\_ YES \_\_\_\_\_ NO

CACFP Provider: \_\_\_\_\_ YES \_\_\_\_\_ NO

Number of Staff: \_\_\_\_\_

Is Program Accredited: \_\_\_\_\_ YES \_\_\_\_\_ NO

List of Type (NAEYC, NAFCC, Other)

**Purpose:**

The purpose of this self-assessment is to create a child care environment needs assessment tool to help identify additional supports and resources needed for Kansas child care providers. Four hundred (400) child care programs will be eligible for a \$100 incentive; only one incentive per program is allowed.

**Time:**

While the time to complete the survey will vary from program to program, on average, the survey can be completed in approximately 30 minutes.

**To receive payment, programs must:**

1. Complete the entire self-assessment; provide an answer or response to all the questions.
2. Provide thorough and honest answers; consider the resources, practices and learning environment in your child care program focusing on your strengths, as well as areas for growth.
3. Submit a completed W9 (included at the end of the survey). Payments will be issued June 15, 2019 to the program/name and address listed on the W9.

**LEARNING RESOURCES:** Take a moment to think about your child care space. Are the following available and accessible to children?

**Learning materials have images of people in non-traditional gender roles (women firefighters, male teachers), and are displayed.**

- There are few or no materials
- There are some materials, but limited in variety
- There is a large variety of materials
- There is a large variety of materials with new items introduced often

**Learning materials reflect a variety of cultures, languages, abilities, and talents, including those of families served by the program.**

- There are few or no materials
- There are some materials, but limited in variety
- There is a large variety of materials
- There is a large variety of materials with new items introduced often

**Learning materials acknowledge traditional holidays celebrated by the majority culture, as well as those holidays that are unique to the culturally diverse children and families in the program.**

- There are few or no materials
- There are some materials, but limited in variety
- There is a large variety of materials
- There is a large variety of materials with new items introduced often

**Appendix C. Environmental Needs Survey**

**SPACE AND FURNISHING**

**Directions:** Read each statement carefully. Decide if the stated criteria is “Not Met”, “Partially Met”, or “Fully Met”, by placing a check mark in the appropriate box.

**Definitions:**

Not Met = Child care program shows little evidence to support statement.

Partially Met = Child care program shows some evidence to support statement.

Fully Met = Child care program shows a great deal of evidence to support statement.

NA = Statement does not apply to the child care program.

	<b>Not Met</b>	<b>Partially Met</b>	<b>Fully</b>	<b>N/A</b>
1. Enough indoor space and furnishings for children and adults are available. Space is in good condition, clean and well-maintained.				
2. Adequate lighting, ventilation, temperature control, and sound absorbing materials are available. Natural light is used where available.				
3. Some adult seating is available for routine care.				
4. Most furniture is child-sized and sturdy. There is storage for extra toys and supplies.				
5. Soft furnishings and toys are accessible to children a substantial part of the day.				
6. Areas for quiet and active play are separated.				
7. Space is set aside for privacy.				
8. Space is free of large furniture or walls obstructing the view or direct supervision of children.				
9. Provisions for children with disabilities include minor modifications to schedules, routines and/or equipment made to meet the needs of children with special needs.				

**REPAIR, REPLACE, OR REMODEL**

**IN THE LAST FIVE YEARS, THE FOLLOWING HAVE BEEN REPAIRED, REPLACED OR REMODELED:**

Topic	Completed 1-2 years ago	Completed 3-4 years ago	Completed 5 years ago	Never or more than 5 years ago
Carpets Replaced				
Painting				
Playground/Yard surface replenished or replaced				
Kitchen appliances				
Refrigerator				
Stove				
Dishwasher				
Freezer				
Bathroom remodel				

**Appendix C. Environmental Needs Survey**

Playground equipment				
Furnace				
Cooling System (air conditioner)				
Fencing				
Security Systems				

**Food provided for lunch and/or snacks is provided by outside sources (parents, catering)**

- Lunch is provided by outside sources
- Snack is provided by outside source
- Does not apply

**OUTDOOR PLAY SPACE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Swing set</li> <li>▪ Sandbox</li> <li>▪ Climbing structure</li> <li>▪ Bike pathway</li> <li>▪ Garden</li> </ul>	<ul style="list-style-type: none"> <li>▪ Stage</li> <li>▪ Easels</li> <li>▪ Musical Instruments (pots, pans, pipes for drumming)</li> <li>▪ Other</li> </ul>
--	--

- Few or no materials are available     
  2-3 types     
  4-5 types     
  6+ types

**OUTDOOR SHADE PLAY SPACE:**

Shade spaces include trees, fabric canopies, umbrellas, and/or hardtop canopies

- Limited or no shade in outdoor space     
  Enough for a small group of children to find shade when they need it     
  Enough for most children to find shade when they need it     
  Enough for all children to find shade when they need it.

**AN OPEN GRASSY AREA FOR GAMES, ACTIVITIES, AND EVENTS IS:**

- Limited or not available     
  Large enough for a small group of children to run around safely     
  Large enough for most children to run around safely     
  Large enough for all children to run around safely

**OUTDOOR PLAY SPACE, THE PATH FOR WHEELED TOYS IS:**

- Limited or not available     
  Unpaved with 5 feet wide or wider     
  Paved and less than 5 feet wide     
  Paved and 5 feet wide or wider

## Appendix C. Environmental Needs Survey

### INDOOR PLAY SPACE TYPE INCLUDES THE FOLLOWING:

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Space for all gross motor activities including, jumping, running, and rolling</li><li>▪ Areas that allow play for individuals, pairs, small groups or large groups</li></ul>	<ul style="list-style-type: none"><li>▪ Full access for children with special needs</li><li>▪ Other</li></ul>
--	---

No features are available

1 features

2 features

3 features

### BUILDING BLOCK EQUIPMENT TYPE INCLUDES THE FOLLOWING:

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Two or more block sets (with 20 blocks each) that are different in weight, size, or shape</li><li>▪ Toy people: block accessories</li><li>▪ Cars/trucks: block accessories</li></ul>	<ul style="list-style-type: none"><li>▪ Animals: block accessories</li><li>▪ Road signs: block accessories</li><li>▪ Garages: block accessories</li><li>▪ Other</li></ul>
--	---

Few or no materials are available

2-3 types

4-5 types

6+ types

### DRAMATIC PLAY EQUIPMENT TYPE INCLUDES THE FOLLOWING:

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Play furniture: examples may include woodworking bench, kitchen, doll furnishings</li><li>▪ Toy cars/trucks, common animals, and/or sets of people of different races, genders, and ages</li><li>▪ Dress-up clothes or accessories that support a variety of occupations without regard to gender</li></ul>	<ul style="list-style-type: none"><li>▪ Puppets or dolls</li><li>▪ Play kitchen/housekeeping materials: pots, pans, dishes, food</li><li>▪ Play materials representing a diversity of cultural and ethnic groups</li><li>▪ Other</li></ul>
---	--

Few or no materials are available

2-3 types

4-5 types

6+ types

### BOOK TYPE INCLUDES THE FOLLOWING:

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Multicultural books reflecting diverse races and cultures</li><li>▪ Bilingual books</li><li>▪ Books reflecting diverse abilities</li><li>▪ Fantasy stories: pretend</li><li>▪ Books with rhymes and repetition of phrases</li></ul>	<ul style="list-style-type: none"><li>▪ Concept books: literacy, math, nature, science</li><li>▪ Books about problem-solving or sharing</li><li>▪ Books with familiar objects used at home or at child care</li><li>▪ Other</li></ul>
---	---

Few or no materials are available

2-3 types

4-5 types

6+ types

**Appendix C. Environmental Needs Survey**

**WRITING MATERIAL TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Magnetic board</li><li>▪ Chalk board</li><li>▪ Flannel board</li><li>▪ Chart paper</li><li>▪ Lined/unlined paper</li><li>▪ Writing tools</li><li>▪ Literacy games</li></ul>	<ul style="list-style-type: none"><li>▪ Stencils</li><li>▪ Stamps</li><li>▪ Letter/word cards</li><li>▪ Activity book</li><li>▪ Writing props in dramatic play, block, or other learning area</li><li>▪ Other</li></ul>
---	---

Few or no materials are available

2-3 types

4-6 types

6+ types

**FINE MOTOR/MANIPULATIVE EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Beads/strings</li><li>▪ Pegs with peg boards</li><li>▪ Nuts and bolts</li><li>▪ Games such as Mr. Potato Head</li><li>▪ Shape sorters</li></ul>	<ul style="list-style-type: none"><li>▪ Puzzles with different numbers and sizes of pieces</li><li>▪ Interlocking blocks/fit-together toys: Lincoln Logs, bristle blocks, magnetic blocks</li><li>▪ Other</li></ul>
---	---

Few or no materials are available

2-3 types

4-5 types

6+ types

**MATH EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Collections of objects to count/sort: play money, pegboards</li><li>▪ Comparisons activity materials: nested cups, abacus, dominoes, playing cards</li><li>▪ Number recognition games/activities: clocks, calendar, number puzzles</li></ul>	<ul style="list-style-type: none"><li>▪ Shape recognition activities: matching cards, magnetic shapes</li><li>▪ Tools for measuring: balance, tape measure, ruler, scale, measuring cups</li><li>▪ Other</li></ul>
--	--

Few or no materials are available

2-3 types

4-5 types

6+ types

**Appendix C. Environmental Needs Survey**

**SCIENCE EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Collections of natural objects: leaves, rocks</li><li>▪ Living things: plants, animals</li><li>▪ Nature/science activities: sink/float, sand/water, gardening, cooking</li></ul>	<ul style="list-style-type: none"><li>▪ Nature/science books or games: fact books, weather chart</li><li>▪ Tools for investigating the environment: magnets, magnifying glasses, binoculars, maps</li><li>▪ Other</li></ul>
--	---

Few or no materials are available

2-3 types

4-5 types

6+ types

**ART EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Collage materials: yarn, felt, sticky tape, buttons, assorted paper, glitter, feathers</li><li>▪ Construction materials: clay, Play Doh, popsicle sticks, pipe cleaners, glue sticks</li><li>▪ Drawing materials: markers, crayons, colored pencils, chalk</li><li>▪ Painting materials: easel, watercolors, brushes, sponges</li><li>▪ Other</li></ul>
---

Few or no materials are available

2-3 types

4-5 types

6+ types

**MUSIC EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ CDs, records, or tapes with different music genres: classical, jazz, rock</li><li>▪ Musical instruments</li><li>▪ Digital music: wireless speakers, devices to stream and play music</li><li>▪ Other</li></ul>
--

No materials are available

1 type

2 types

3+ types

**Appendix C. Environmental Needs Survey**

**PORTABLE PHYSICAL ACTIVITY EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

Portable play equipment includes any toys that children can carry, throw, push, pull, etc. This does not include equipment fixed into the ground like swing sets and jungle gyms. Portable play equipment can be homemade or store-bought

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Jumping toys: jump ropes, jumping balls</li> <li>▪ Push-pull toys: big dump trucks, corn poppers, push and ride cars</li> <li>▪ Ride on toys: tricycles, scooters</li> <li>▪ Twirling toys: ribbons, scarves, batons, hula hoops, parachute</li> </ul>	<ul style="list-style-type: none"> <li>▪ Balance toys: balance beams, plastic “river stones”</li> <li>▪ Throwing and catching toys: pom poms, bean bags</li> <li>▪ Crawling or tumbling equipment: mats, portable tunnels</li> <li>▪ Other</li> </ul>
---	---

- Few or no materials are available     
  2-3 types     
  4-5 types     
  6+ types

**FAMILY COMMUNICATION TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Daily care sheets</li> <li>▪ Activity boards/parent information boards</li> <li>▪ Family Engagement Events</li> <li>▪ Parent Teacher Conferences</li> </ul>	<ul style="list-style-type: none"> <li>▪ Newsletters/flyers</li> <li>▪ New Family Orientation</li> <li>▪ Website</li> <li>▪ Social media</li> </ul>
--	---

- Few or no types of communication     
  2-3 types of communication     
  4-5 types of communication     
  6+ types of communication

**FAMILY SUPPORT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Children’s Book or toy lending library</li> <li>▪ Family resource library</li> <li>▪ Convenience services (take-home meals, dry cleaning, photography)</li> <li>▪ Adult education classes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social functions for families</li> <li>▪ Provision for food or clothing donations</li> <li>▪ Transportation to and from program</li> <li>▪ Discount coupons for community events or services</li> <li>▪ Other</li> </ul>
---	---

- Few or no materials are available     
  2-3 types     
  4-5 types     
  6+ types

**Appendix C. Environmental Needs Survey**

**FAMILIES ARE OFFERED EDUCATION ON THE FOLLOWING TOPICS:**

Education can include brochures, tip sheets, links to trusted websites and in-person educational sessions

Topic	Never	Less than 1 time per year	1 time per year	2 times or more per year
Outdoor Play				
Physical Activity				
Nutrition				
Brain development				
Child Development				
Oral Health				
Screen time				
Safe Sleep				
Social and Emotional topics				
Language/Literacy				
Behavior Guidance				
School Readiness				
Community Services: (DCF, YMCA, United Way, library, health clinics, housing authorities				
Child Care Resource and Referral Services				
Other				

**CARE PRACTICES: How often do you and/or staff do the following?**

**Definitions:**

**Always:** 90% of the time this holds true

**Sometime:** At least 50% of the time this holds true

**Rarely:** Less than 20% of the time or never holds true

	Rarely	Sometimes	Always
Make appropriate adjustments to the routines, schedule and/or environment to meet the needs of the varying developmental stages and abilities of children.			
Adapt policies or practices to meet the cultural and socioeconomic needs of children and their families.			
Communicate with children using the child's home language for common objects or people.			
Model, through attitudes, actions, and speech, respect for a variety of cultures, languages, abilities, and talents.			

**Appendix C. Environmental Needs Survey**

Children are greeted individually with pleasant arrivals and departures. Children are helped to become involved in activities if needed. Separation issues are handled sensitively. Parents are greeted warmly.			
Items are displayed at the child's eye level where children can easily see them, and staff talk to children about displayed materials. Most of the displays are work created by the children.			
Sit and talk with children and provide a pleasant and relaxed meal or snack time. Children are encouraged to eat independently when necessary. Preschool and School-age children are encouraged to do self-serve snack times.			
Daily written record of children's routines is available for parents to see.			
Use words that name and describe people, places, things and actions as children experience them in their daily routines and play.			
Staff-child interactions are pleasant and helpful. Staff shows awareness of the whole group even while working with 1 child or a small group.			
Daily schedule is written and posted to provide a balance of structure and flexibility with a variety of play activities. No long periods of waiting for children during transitions between daily events.			

**INFANTS AND TODDLER LEARNING RESOURCES:**

**If you do not provide care for Infant and Toddlers, skip.**

Take a moment to think about your space for infant and toddlers. Are the following materials developmentally appropriate? Are children able to access them without assistance?

**INFANT AND TODDLER BOOK TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Board, cloth, or plastic books</li> <li>▪ Simple story books (i.e., with one picture per page)</li> <li>▪ Activity books (e.g., Pat the Bunny)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Books about routines (e.g., eating, napping)</li> <li>▪ Books with rhymes and repetition of phrases</li> <li>▪ Homemade books of family photos, photos of activities happening in the child's home</li> <li>▪ Other</li> </ul>
--	---

- Few or no materials are available     
  2-3 types     
  4-5 types     
  6+ types

**INFANT AND TODDLER BUILDING BLOCK EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"> <li>▪ Soft/cardboard blocks</li> <li>▪ Large colored cubes</li> <li>▪ Hard/soft plastic blocks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Large interlocking blocks</li> <li>▪ Other</li> </ul>
--	--

- Few or no materials are available     
  1 type     
  2 types     
  3+ types

**Appendix C. Environmental Needs Survey**

**INFANT LEARNING EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Grasping toys</li><li>▪ Busy boxes</li><li>▪ Nested cups</li></ul>	<ul style="list-style-type: none"><li>▪ Containers to fill and dump</li><li>▪ Textured toys</li><li>▪ Cradle gyms</li><li>▪ Other</li></ul>
--	---

Few or no materials are available

1 type

2 types

3+ types

**TODDLER LEARNING EQUIPMENT TYPE INCLUDES THE FOLLOWING:**

See list and mark responses below.

<ul style="list-style-type: none"><li>▪ Shape sorting games</li><li>▪ Large stringing beads</li><li>▪ Big pegs with peg boards</li><li>▪ Simple puzzles</li></ul>	<ul style="list-style-type: none"><li>▪ Pop beads</li><li>▪ Stacking rings</li><li>▪ Nesting toys</li><li>▪ Crayons</li><li>▪ Other</li></ul>
---	---

Few or no materials are available

1-2 types

3-4 types

5+ types

I am willing to have a Specialist come on-site to complete an assessment.

Yes, no, Maybe

# Kansas Early Childhood Systems Building – District Pre-K Survey

In 2019 Kansas received a federal planning grant to facilitate a collaborative effort to shape our state's future direction for early childhood. This one-year planning grant authorized by the federal Every Student Succeeds Act supports the development of a comprehensive needs assessment and strategic plan for early childhood in Kansas. Funding will also support activities to maximize parental choice and knowledge of early care and education options, the sharing of best practices among early childhood providers, and improvement of the overall quality of early childhood services. Learn more about how you can get engaged in this effort at <http://kschildrencabinet.org/early-childhood>.

You are invited to help inform the comprehensive needs assessment process by providing the following information regarding Pre-K services in your district. Deadline for completion is Friday, August 9th.

USD #:

District Name:

Email Address:

## Transitions

Do you have a formal plan/policy/procedure in place for transition from district-run preschool programs into kindergarten?

- Yes
- No

Do you have a formal plan/policy/procedure in place with local early childhood partners for transition into kindergarten?

- Yes
- No

If no, do you have informal practices for transition into kindergarten?

If yes, does this include: shared professional development; organized visits to grade school and kindergarten classrooms; shared data; other (describe)?

## Transportation

Do you offer transportation to students in your preschool program(s)?

- Yes
- No

If yes, do you provide transportation to: all students, full-day only, part-day only?

If yes, do you charge a fee to parents? How much do you charge?

## Appendix D. Pre-K Survey

### Location/Facilities

Which of the following do you provide preschool services in? (choose all that apply)

- District-Owned Building: Dedicated to Early Child
- District-Owned Building: Includes Other Grades
- District-Owned Building: Other
- Community Agencies (such as child care centers or non-profit organizations)
- Faith-Based Centers (with and/or without religious content)
- Head Start
- Other Agency
- For "Other Agency", please specify:

### Availability and Cost

Do you offer preschool for all children in your district?

- Yes
- No

If not, how many children do you estimate are not served in district preschool slots?

How many preschool slots are at no cost to families?

How many are fee-based?

Does the number of slots fluctuate from year to year?

- Yes
- No

If yes, what is the primary reason: funding, enrollment, staffing, other (describe)?

How many days per week do you offer preschool services?

Do you offer preschool services year-round, during the school year, or a combination?

How many hours per day are your preschool sessions?

Please share any additional information.

## Appendix E. Our Tomorrows Phases Overview

**Purpose:** The Our Tomorrows project serves several purposes in the needs assessment process: provides a meaningful method for parent and community engagement through storytelling, harnesses the power of stories to inform decision-making at multiple levels, and provides a mechanism for social innovation at the local level. Phases included: story collection, analysis/catalysis, community sensemaking, and community action labs.

### Phases and Methods

**Phase 1: Story Collection.** The Our Tomorrows project created a distributed network of story collectors that contributed to a statewide story bank for decision-making support and lived experience. Organizations were trained in the SenseMaker story collection methodology through Citizen Journalist Training. The Our Tomorrows team co-developed story collection strategies with each partner. The story collection for the needs assessment establishes storytelling as ‘business as usual,’ so that parent voice and choice is the centerpiece for programmatic decision-making and policy.

**Phase 2: Analysis and Catalysis.** A core SenseMaker principle is returning data to the people that shared it to establish a feedback loop between story sharing, sensemaking, and any resulting actions. During this phase, the Our Tomorrows team conducted an initial review and analysis of the Our Tomorrows dataset to identify patterns that emerged from family experience using the Sensemaking Analysis and Visualization Dashboard (SAVVY) developed by KU-CPPR.

Respondents interpreted their stories through a series of triangles, sliders, a resource canvas, and multiple-choice questions (i.e., signification). Their answers provided quantitative metadata and self-signification to each narrative. When aggregated, this self-signification uncovers patterns in the aggregate demand for early childhood services and insight into four themes: Bright Spots, Disruptors, Unmet Needs, and Unheard Voices that could not be captured by traditional needs assessments, surveys, or focus groups.

The Our Tomorrows Team translated the data into a format that provokes new ways of thinking and novel conversations at the community-level. Community Sensemaking Guides were developed for the six regions in Kansas. The Guides include a description of the Kansas Early Childhood Systems Building, an interpretation guide, summary data about respondents and narratives, and initial patterns in four thematic areas. The Guides orient people to their community’s SenseMaker data, enable deeper conversations about data, and prompt ideas for action.

Story packs were also compiled by region for use in the sensemaking workshops. Story Packs are groups of stories that share a similar signification (i.e., categorization) in the Our Tomorrows framework. For example, a Story Pack could be all stories from a particular region where individuals selected the “Thoughtful Planning” section of a triad about how decisions were made.

**Phase 3: Community Sensemaking.** This phase engages community members and partner organizations to uncover insights. Sensemaking is the process of understanding the world in order to take action. The two-hour workshop enabled participants to interpret Story Packs and sort them into thematic categories. Discussion focused on surprises, expectations, and quick, inexpensive, and local actions that could be taken to address the themes that emerged.

**Phase 4: Community Action.** Community Action Labs are a structure for socially innovative ideas to be tested and monitored through ongoing story collection. This innovative approach encourages adaptive, localized strategies or actionables, which are quick, local, and inexpensive actions. Community Action Labs are guided by the following principles:

- Big ideas start with small ripples.
- Anyone can take action and make a difference.
- Stories and families’ experiences fuel action.
- Locals know best.
- There are many paths to our shared destination.

## Appendix E. Our Tomorrows Phases Overview

**Partners and Story Collection:** Fifteen Organizational Partners and Community Champions and seven Citizen Journalists represented a cross of several service sectors and roles in the community. While many Our Tomorrows partners operate in the Early Childhood space, the scope and scale of others includes additional sectors like public health, housing, and special needs. Due to the scale of statewide partner coalitions and organizations with regional offices, Kansans from every corner of the state were able to share their stories, either in-person or prompted via mail, email, organizational websites and apps. The local nature of Citizen Journalists also ensured that community members not affiliated with or receiving services from a partner organization had an opportunity to share their stories through personal networks and attendance at community events.

<b>Region</b>	<b>Organizational Partner</b>	<b>Stories Collected</b>
Northeast	Community Health Council of Wyandotte County	70
	Kansas Children’s Service League – Topeka	55
	Parents as Teachers – Lawrence	0
	Parents as Teachers – Topeka	45
	Project Eagle	5
	Topeka Housing Authority	15
	Topeka Rescue Mission – Children’s Place	25
	United Way of Greater Topeka	62
	Carley - Citizen Journalist	6
	Claire - Citizen Journalist	15
	Rickquette - Citizen Journalist	15
	Shandi - Citizen Journalist	0
North Central	Child Advocacy & Parenting Services, Inc.	83
	Katherine - Citizen Journalist	31
Northwest	LiveWell Northwest Kansas	261
	Dana - Citizen Journalist	94
Southeast	Four County Mental Health Center	190
	The Family Resource Center	50
South Central	Child Care Aware – Wichita	1
	Greater Wichita YMCA	125
	Kansas Children’s Service League - Wichita	150
	Sedgwick County Health Department	85
	TOP Early Learning Centers	125
	Amanda - Citizen Journalist	21
	Yesenia - Citizen Journalist	61
Southwest	Finney County United Way	58
	Kansas Children’s Service League – Garden City	53
	Russel Child Development Center	84
	USD 218, Elkhart Public Schools	10
Statewide	Immunize Kansas Coalition	128
	Kansas Breastfeeding Coalition	21
	Kansas Deaf-Blind Project	32



Every day, we hear stories of resilient families that have bounced back from great challenges. Stories of hope... and stories of struggle. Through these stories we are gathering nuggets of wisdom about the ways in which things could, and should, be going better... to make **OUR TOMORROWS** *brighter.*

**Step 1** Go to [bit.ly/OurTomorrows](https://bit.ly/OurTomorrows)  
Share a story, only a couple of sentences are needed. It's similar to a facebook or twitter post.

---

**Step 2** Tell us what the story means to you by answering a few questions about it.

---

**Step 3** Submit the story you shared.

#### ABOUT THE OUR TOMORROWS PROJECT

Parents, children, aunts, uncles, partners—all of us have families, and all of us have something important to share about our lives and interactions. We know there's much to be learned from all kinds of stories, with all kinds of outcomes. We're hopeful that the stories we collect will be used to shape policy and programming decisions in your community and across the country. Through Our Tomorrows, you get the opportunity to share and reflect, and we get to hear your unique perspective. Using a story-based research tool called SenseMaker, we will examine the patterns and stories in-depth, allowing us to gain new understanding about what families need to thrive. Your contribution to the story collection will make a difference.



# Sensemaking Guide

## *What is Inside*

Background

Community Profile

Themes - Emergent Patterns

Bright Spots

Disruptors

Unmet Needs

Unheard Voices

Notes

What's Next?

*Data collected through*  
**October 2, 2019**



**On April 11<sup>th</sup>, Governor Kelly challenged us all to be early childhood stakeholders.**

In her remarks to the Kansas Children's Cabinet she underlined the importance of the early years—and the role of each and every Kansas community—in shaping the future of Kansas.

Kansas received a federal planning grant to facilitate a collaborative effort to shape our state's future direction for early childhood. **Parental voice and choice are paramount to this effort, with the needs and preferences of Kansas families top of mind.**

This one-year federal planning grant supports the development of a comprehensive needs assessment and strategic plan for early childhood in Kansas. Our Tomorrows engages parents, early childhood professionals, providers, educators, and others in storytelling opportunities, community meetings, and idea generation sessions.

**Each story becomes part of a collective, statewide map of community strengths and needs and helps us:**

- ★ Consider real-life struggles and resilience through the storyteller's own perspective
- ★ Understand how gaps in service delivery are experienced
- ★ Highlight what families think and what they want for our youngest Kansans
- ★ Shape the strategic plan for the early childhood system in Kansas

Our Tomorrows partners will use the rich dialogue and findings from this work to support decision-making that ensures every Kansas child has the best start in life. The Kansas Children's Cabinet and Trust Fund, Kansas Department for Children and Families, Kansas Department of Health and Environment, and Kansas State Department of Education are partnering to carry out this important work.

Funds for this project are provided through the Department of Health and Human Services (HHS), Administration for Children and Families (ACF) Every Student Succeeds Act (ESSA). The Preschool Development Grant Birth through Five 90TP0016-01-00 was awarded to the Kansas State Department of Education (KSDE). The Kansas Children's Cabinet and Trust Fund, the Kansas Department for Children and Families, and the Kansas Department of Health and Environment are leading this work with KSDE. This information or content and conclusions should not be construed as the official position or policy of, nor should any endorsements be inferred by HHS, ACF, or the U.S. Government. Any food or refreshments are not paid for by federal funds.

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to any group officially affiliated with the Boy Scouts of America and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3204.

# Navigating the Guide

SenseMaker is a unique approach to narrative research. The results of a SenseMaker study are meant to guide decision-making and take action in a complex environment. Below are three things to keep in mind as you begin to explore this new form of data.



The unit (n) is the story. Most graphs show percentages based on regional story counts.

Be active. The report supports your own sensemaking and decision-making. Nobody knows your experience better than you. If your interpretation and ideas differ, it's your responsibility to share.



Interpretations of the data are intentionally provocative to spur your thought process and actions. The writers of this report do not make any claim that their interpretations are the only 'right' ones.

Please email the Our Tomorrows team at [ourtomorrows@ku.edu](mailto:ourtomorrows@ku.edu) if you have questions or would like clarification.



# Themes

## *Emergent Patterns*

To help us understand Kansans' lived experience and augment the early childhood system needs assessment, we are focusing on the following key themes:

### **BRIGHT** *Spots*

We have defined Bright Spots as family experiences of thriving, resilience, and support. These are the stories we want to amplify and to have more of in our communities. These can be singular events or ongoing experiences.

### **DISRUPTORS**

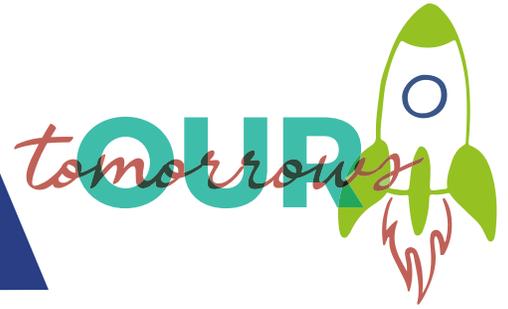
We have defined Disruptors as unique and/or singular events that negatively interrupt a family's lifecourse broadly and trajectory in early childhood, specifically. Disruptors are negative experiences from which people need to "bounce back" and might indicate gaps that present opportunities for further support and programming. Disruptors include the following categories: unemployment, transportation, housing, health, safety, family separation, and new child.

### **NEEDS** *Unmet*

We have defined Unmet Needs as ongoing needs that are persistent issues. Unmet needs are chronic even if triggered by a specific event. The following are included in this category: stress/anxiety/depression, access to childcare, parenting knowledge, safety, basic needs, and financial needs.

### **VOICES** *Unheard*

Unheard Voices are defined as Our Tomorrows experiences shared by vulnerable groups whose stories are often invisible and who do not have a seat at the decision-making table. We identified Unheard Voices when a story specifically mentions someone in one of these groups, or the storyteller self-identifies as a member of one of these groups. Unheard Voices were coded on narrative content, and are not based on demographic information. The following are often Unheard Voices we seek to elevate: Low income working families, incarcerated people, young children not in school, people with emotional, behavioral, or developmental conditions, people with special health care needs, people living in poverty in rural areas, people in the foster care system, and non-English speakers.



# Community Profile

## Northeast

**Counties**

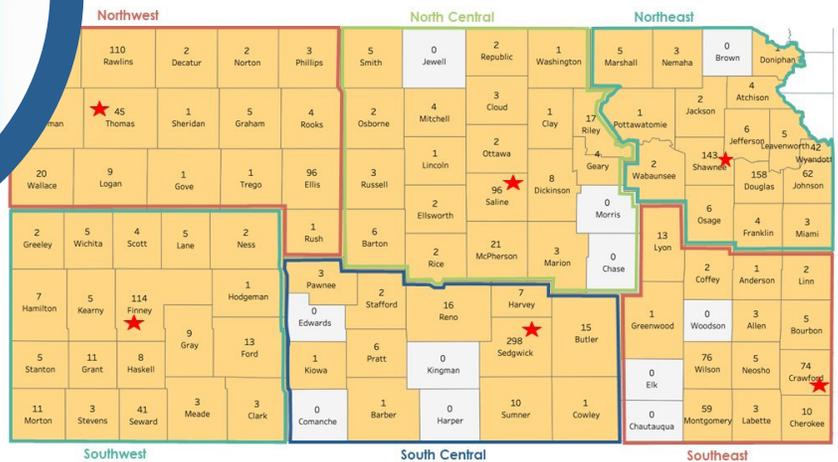
- Atchison
- Brown
- Doniphan
- Douglas
- Franklin
- Jackson
- Jefferson
- Johnson
- Leavenworth
- Marshall
- Miami
- Nemaha
- Osage
- Pottawatomie
- Shawnee
- Wabaunsee
- Wyandotte



Current Northeast Story Count  
**447 stories**



**1892 STORIES SHARED BY KANSANS\***



Community Action Lab Region Legend  
★ Regional Community Sensemaking Workshop Location

\*2132 Total Stories Shared

# Northeast Kansas

## Key Partners and Story Collection Overview

### **United Way of Greater Topeka**

Backbone of recruitment and coordination in Shawnee County. United Way launched a story collection competition to encourage participation.

### **Community Health Council of Wyandotte County**

CHC's Youth Council has collected stories that are being used to highlight food issues.

### **Topeka Housing Authority**

Rickquette Cain Eason, a Topeka Housing Authority staff person, collects stories in her own community of Pine Ridge in Topeka.

### **Topeka Rescue Mission-Children's Palace**

Families served by the Children's Palace have shared their stories.

### **Kansas Parent Leadership Advisory Council**

Parents Carley and Shandi joined as Citizen Journalists in April via their involvement with KPLAC.

### **Parents as Teachers**

Lawrence PAT and Topeka USD 501 PAT have been active story collectors.

### **Kansas Deaf-Blind Project**

The Project has collected stories via statewide outreach to families and educational teams who serve learners with combined hearing and vision loss in Kansas (birth to 21 years old).

### **Independent Citizen Journalists: Claire Reagan**

Claire uses her community connections in the Olathe area to collect stories via parent groups and social media.



### **STORIES MATTER**

Respondents in the Northeast Region are sharing meaningful stories that made a significant impact on their lives and they want others to know.

**39.3%** said the story they shared happened only once and 21% said the story they shared happens once in a while. That means the majority of stories (60.3%) were not day-to-day experiences.

**76.7%** of respondents selected that they would always remember their experience. This means the stories were impactful and will stick with them.

**35.4%** said everyone in their area should know about their experience. Only 7.5% of respondents said no one should know.

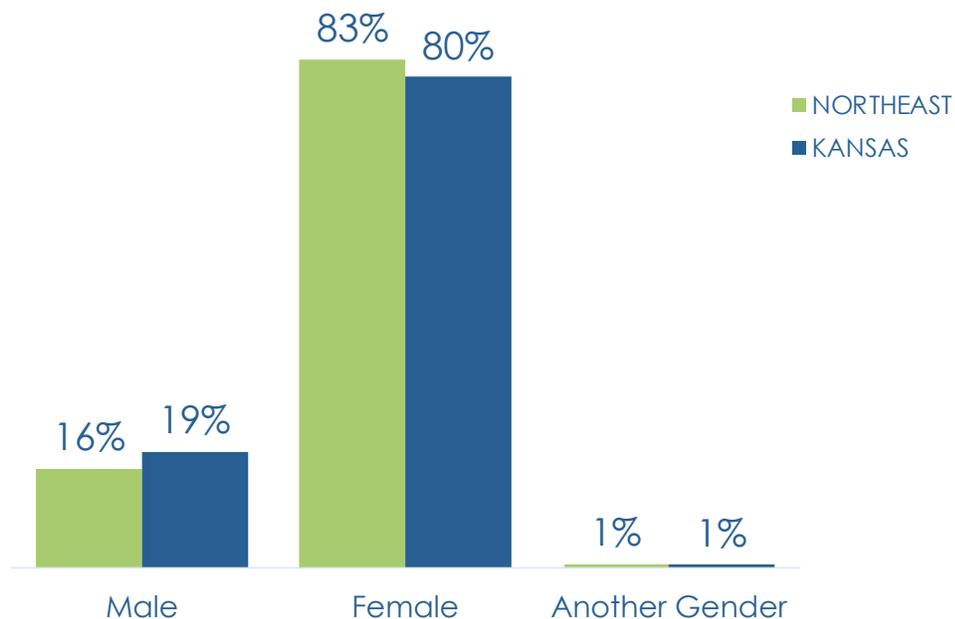
# Northeast Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in Northeast Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of Northeast Kansas (n=447) and statewide (n=2,132). As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# Northeast Kansas

## Demographics

### Race (n=447)

Northeast Kansas respondents identified as:

White	<b>75.2%</b>
Black or African American	<b>9.8%</b>
American Indian or Alaska Native	<b>2.2%</b>
Asian	<b>1.3%</b>
Native Hawaiian or other Pacific Islander	<b>0.4%</b>
Prefer Not to Say	<b>3.8%</b>
Another Race	<b>7.2%</b>

Compared to statewide, the Northeast region had about 3% more respondents that identified as Black or African American.

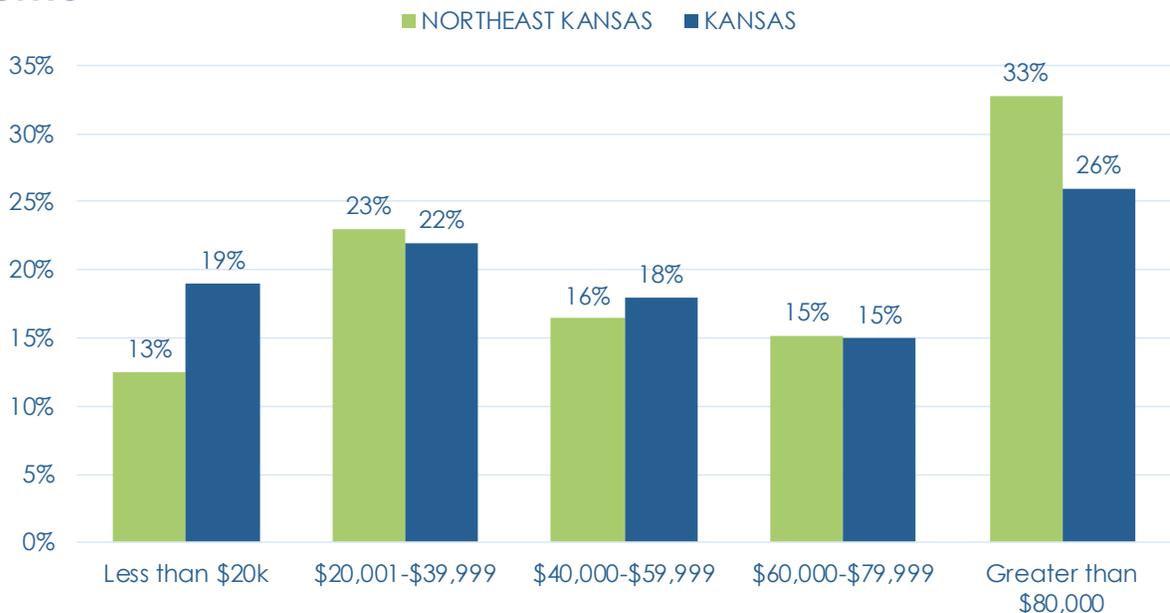
### Ethnicity

Northeast Kansas respondents identified as:

Hispanic or Latino/a	<b>15.8%</b>
Not Hispanic or Latino/a	<b>80.9%</b>
Preferred not to say	<b>3.3%</b>

The representation of Hispanics or Latinos/as was similar to the statewide data.

### Income



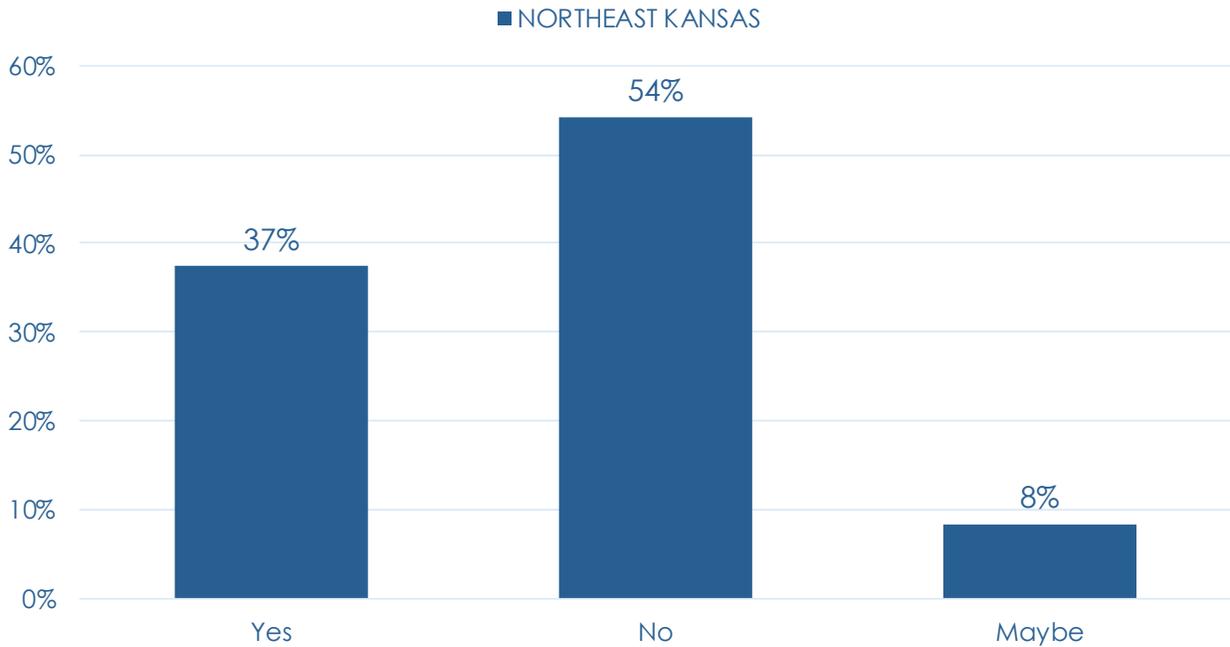


## 37% of North Central Stories Included Bright Spots

163 of 447 stories coded by the Our Tomorrows team.

**There is a lot that is already working in the Early Childhood System in the Northeast Kansas.** However, there is still work to be done!

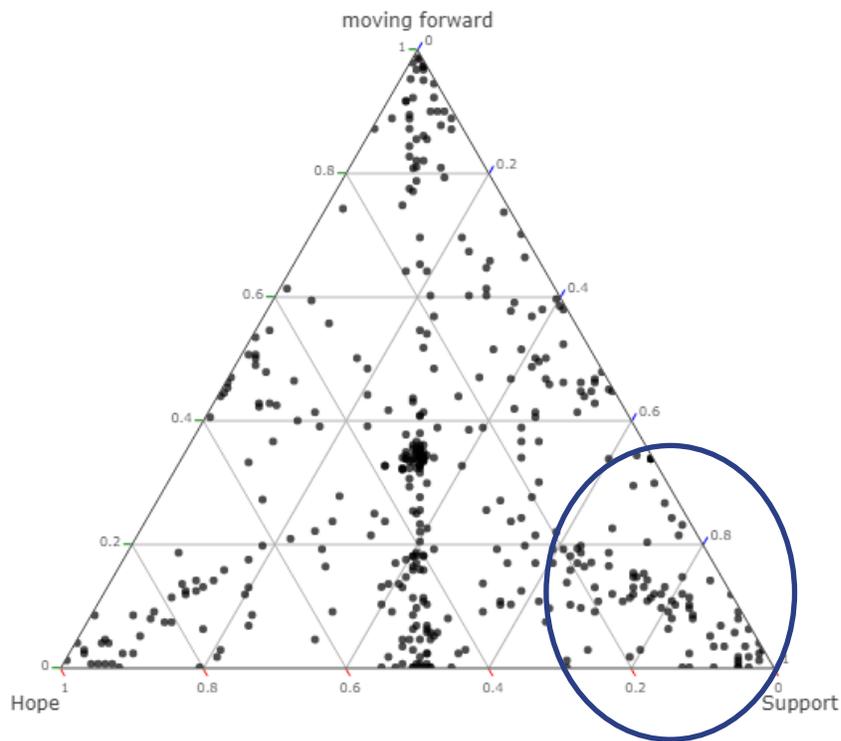
**Nearly 40% of stories including Bright Spots were shared by people with a family income of \$80,000 or more.** Higher income respondents were overrepresented in Northeast Kansas.

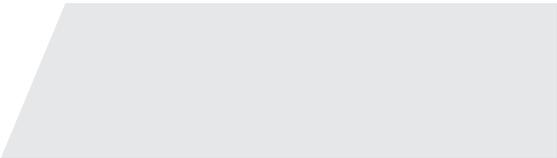




**When things got tough, families were able to rely on support from others.**

The most predominant clusters of stories in the When Things got Tough Triad was toward the Support from Others corner. By working with Our Tomorrows stories, Northeast Kansas can continue to build on this strength.





## 71% of Northeast Stories Included Disruptors

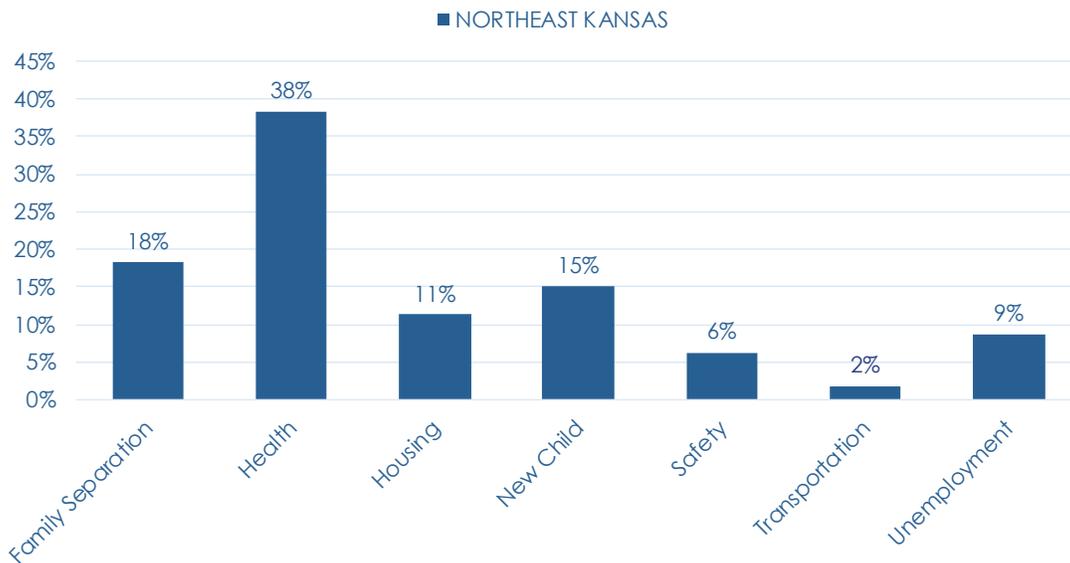
318 of 447 stories coded by the Our Tomorrows team.

### Health and Family Separation were major Disruptors in Northeast Kansas.

38% of stories coded with Disruptors by the Our Tomorrows team focused on health crisis, health care, or ongoing medical problems. 18% of Disruptors were about families broken up due to divorce, incarceration, death of a family member, deportation, or children being removed from the home.

### The arrival of a New Child was also a common Disruptor in the Northeast Region.

15% of stories with Disruptors were about the challenges that accompany the addition of a new child to the household, whether by birth, adoption, or foster care.



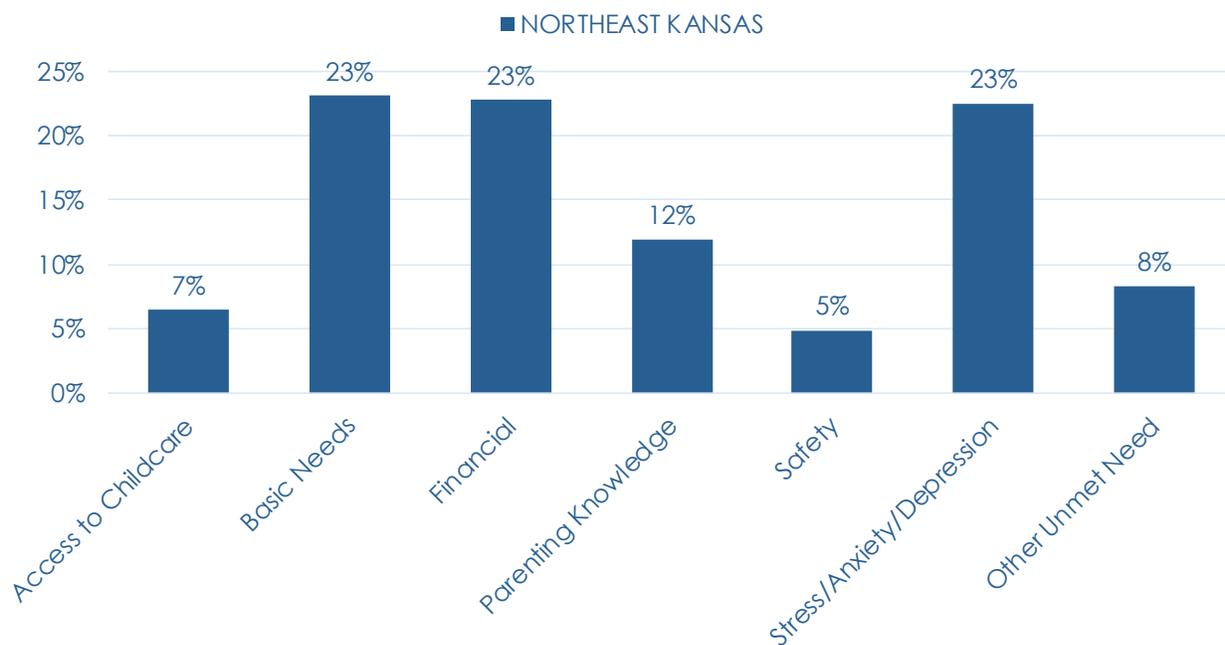


## 73% of Northeast Stories Included Unmet Needs

325 of 447 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

**Families in the Northeast region experience poverty and unmet basic needs that result in additional stress, anxiety, and depression.**

46% of Unmet Needs coded by the Our Tomorrows team referenced financial need or being unable to meet basic needs. The percentage of stress, anxiety, and depression is 7 points higher than that of the percentage statewide.





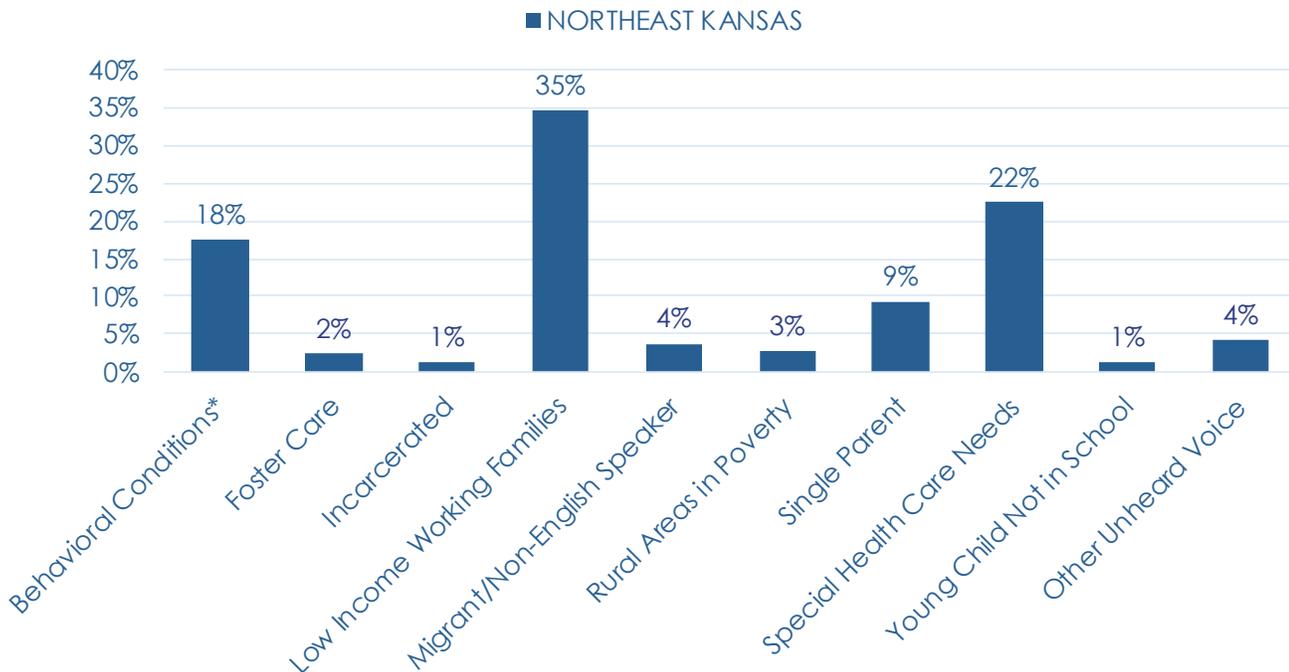
## 64% of Northeast Stories Included Unheard Voices

286 of 447 stories coded by the Our Tomorrows team.

### Most of the Unheard Voices in Northeast Kansas came from Low Income Working Families.

35% of stories with Unheard Voices reference the struggles that Northeast families face to make ends meet, despite holding regular employment.

**People with Special Health Care Needs and Behavioral Conditions were also well represented.** 18% of Unheard Voices stories were about people with Behavioral Conditions and 22% of Unheard Voices were about people with Special Health Care Needs.

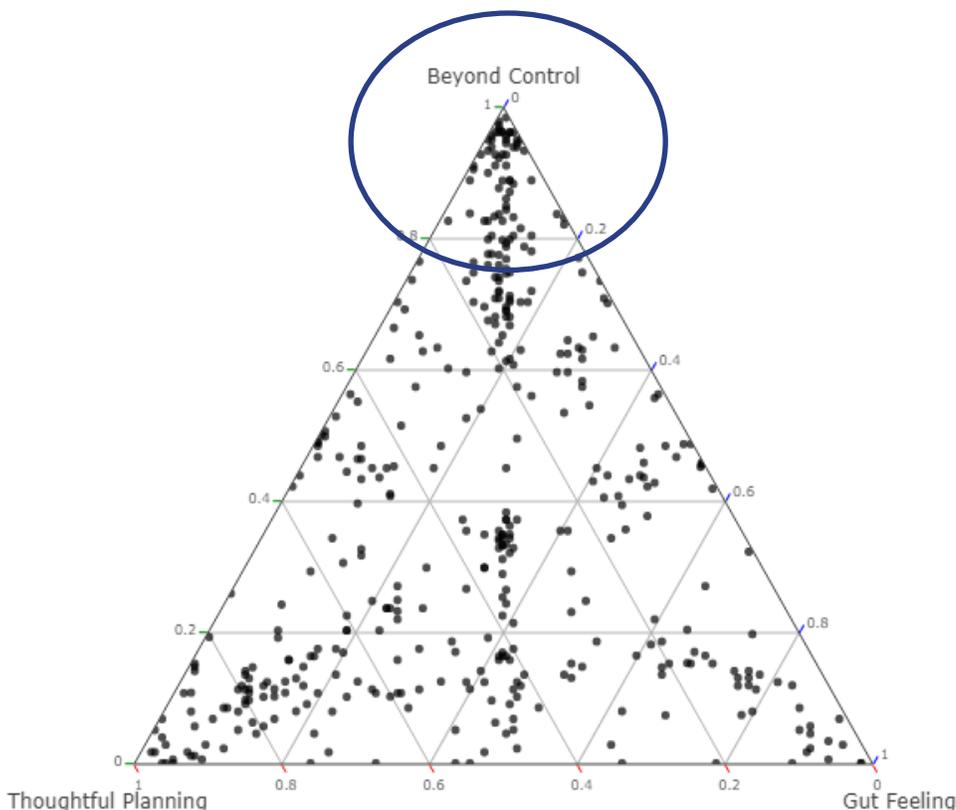


\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions



**People who aren't usually heard or empowered to make systemic changes are also left feeling like they are making decisions based on things beyond their control.**

In the Decisions triangle, the highest density of respondents indicated that they were making decisions beyond their control. Most respondents that marked their stories this way were also low income working families.



# Community Sensemaking Workshop

## Notes

September 5, 2019 / Topeka, KS

## Key TAKEAWAYS

Hosted by the United Way of Greater Topeka on September 5, 2019 in Topeka, Kansas, the Our Tomorrows team held a Community Sensemaking Workshop with 28 participants, including a diverse set of service providers and one parent.

Participants identified two main challenges: issues shared in stories from the area are very similar to those faced by past generations, and the Northeast region has both urban and rural areas with very different challenges, thus making it difficult to provide services. Participants discussed emphasizing the role of schools to help collect more information and house customized programs to address the unique challenges of rural and urban communities.

## Activity SUMMARY

### 1 Introductions and Expectations

Workshop participants introduced themselves and shared what they hoped to learn from stories during the workshop.

### 2 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

### 3 Sensemaking Guide

Participants were introduced to the regional Community Sensemaking Guide that highlights the demographic information of people who shared stories with Our Tomorrows and patterns related to Bright Spots, Disruptors, Unmet Needs, and Unheard Voices.

### **4 Working with Stories**

Tables were given a story pack from key patterns found in the stories collected in North Central Kansas. Each table sorted the story pack into groups of similar stories, gave each category/theme a title, and then chose an exemplar story that best represented the category/theme. The category/theme titles and exemplar stories were then taped to a flip chart. The left side of the chart read “More Like This,” indicating family experiences the group wished to see more of in the future, and “Fewer Like That,” which included family experiences that the groups hoped to see less of in the future.

### **5 Group Discussion**

Each small group then discussed three questions:

- 1.** What patterns did you see in your stories?
- 2.** What surprised you?
- 3.** What did you expect to see but didn't?

Each group then chose a reporter to share their findings with the large group.

### **6 Moving to Action**

Participants were so invested in discussing the stories they read and sharing their ideas and perceptions that the Workshop ended before there was time to share ideas for Actionables. Instead, they discussed ideas for action collectively.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

Outlined on the following pages are the themes and patterns that emerged while participants were working with their community's stories. Each page of notes represents the work of one group in the workshop. Each group read and interpreted one "Story Pack" from the Our Tomorrows data set.

On each page, you will see the following:

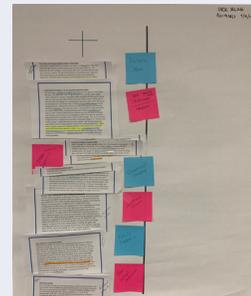
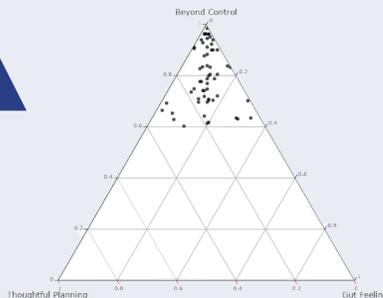
- ★ A title that shows what pattern the group worked with during the "Working with Stories" activity
- ★ A picture of the pattern from the Our Tomorrows SAVVY Dashboard
- ★ An image of the flipchart completed by workshop participants, which includes titles of themes and example stories sorted by "More like this, fewer like that"
- ★ A typed list of the main themes and example stories taken from the flipchart
- ★ A list of Actionable ideas that participants thought could change the patterns that emerged from the stories they read (this activity didn't occur at every regional workshop due to the great conversations that happened in earlier activities)

The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**DECISIONS TRIAD**

*Things Beyond  
the Family's Control*

In the experience you  
shared, decisions were  
made based on...



**MORE THEMES LIKE...**

Resiliency/Hope

*Example: The Family that Keeps Going  
No Matter What!*

ADA/Childcare/Special Needs

*Example: International Adoption-An Eye  
Opening Experience*

External Supports

*Example: Parents as Teachers Savior*

**FEWER THEMES LIKE...**

Financial Struggles

*Example: Surviving Financial Problems*

Healthcare/Finances

*Example: Medical Debt Crippling Good, Hard  
Working Families*

Family Dynamics

*Example: Beat, Battered, Scared*

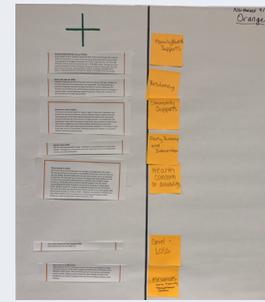
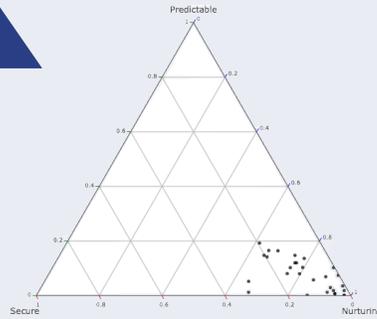
Fear/Political Statements

*Example: Dichotomy*

**POSITIVE HOMELIFE TRIAD**

*Nurturing*

**In the experience you shared,  
the family's homelife felt...**



**MORE THEMES LIKE...**

**Family/Friend Supports**

*Example: Survival Mode Feels Like Forever!*

**Resiliency**

*Example: Never Ever Give Up*

**Community Supports**

*Example: Someone to Talk To*

**Early Screening and Intervention**

*Example: Speech Issues*

**FEWER THEMES LIKE...**

**Health Concern or Disability**

*Example: Those Around Us*

**Grief and Loss**

*Example: A Loss that Should Not Have Happened*

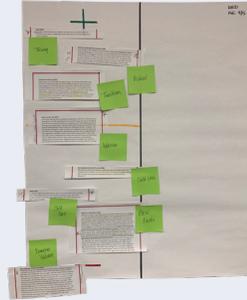
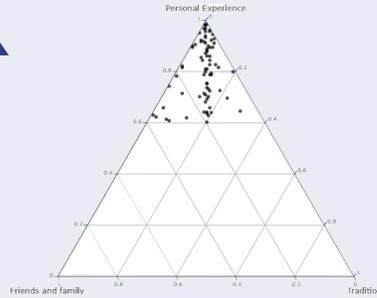
**Finances/Home Insecurity/Transportation**

*Example: Worst Time of My Life*

**VIEWS TRIAD**

*Personal Experiences*

In the experience you shared, views on raising a family were shaped by...



**MORE THEMES LIKE...**

**Thriving**

*Example: Love*

**Medical**

*Example: Survival Mode Feels Like Forever*

**Transitions**

*Example: Someone to Talk to*

**FEWER THEMES LIKE...**

**Addiction**

*Example: Chance to be Free*

**Child Loss**

*Example: No Freedom in Front of the Law*

**Child Care**

*Example: 66605*

**Basic Needs**

*Example: Hidden in Small Town*

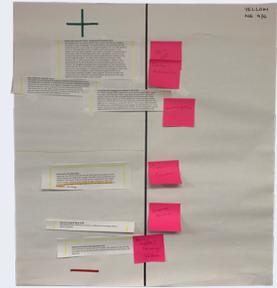
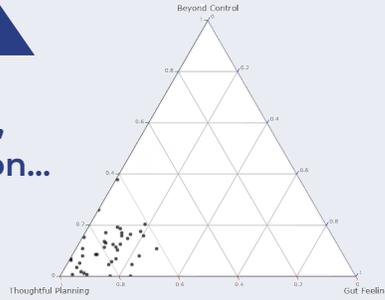
**Domestic Violence**

*Example: Beat, Battered, and Scared*

**DECISIONS TRIAD**

*Thoughtful Planning*

In the experience you shared,  
decisions were made based on...



**MORE THEMES LIKE...**

**All is Well**

*Example: Family and Consumer Science School-Based Preschools*

**Early Intervention**

*Example: Early Childhood Resources*

**Immunizations**

*Example: The Miracle that Changed Every Mother's Life*

**FEWER THEMES LIKE...**

**Crisis/Economic**

*Example: Worst Time of My Life*

**Language barriers**

*Example: How to Surviving to Living*

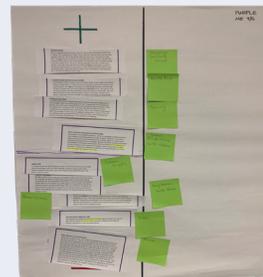
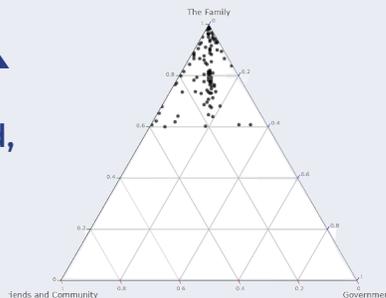
**Basic/Health/Healing/Veteran**

*Example: Disease Intervention Specialist/LPN*

**RESPONSIBLE TRIAD**

*The Family*

In the experience you shared, who should have been responsible for making sure the kids thrived?...



**MORE THEMES LIKE...**

**Struggling/Surviving Services**

*Example: Thankful*

**Health Living**

*Example: Survival Mode Feels Like Forever*

**Thriving**

*Example: Thriving at Last*

**Illness/Disabilities with Children**

*Example: Fears and Stress Somewhat Left Behind*

**FEWER THEMES LIKE...**

**Summer Struggles**

*Example: 66605*

**Homelessness**

*Example: Living in a Car*

**Drug/Mental Health Abuse**

*Example: Addiction*

**Loss**

*Example: Terminal Illness Diagnosis*

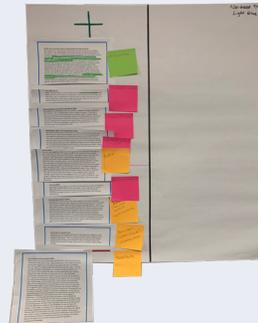
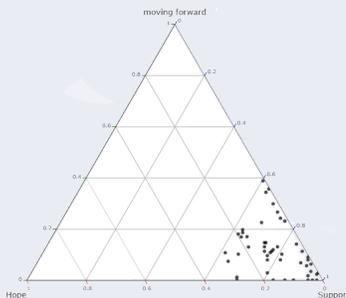
**Abuse**

*Example: Beat, Battered, and Scared*

**THINGS GOT TOUGH TRIAD**

*Support from Others*

**In the experience you shared, when things got tough, what helped the family get through?**



**MORE THEMES LIKE...**

**Education**

*Example: Family and Consumer Science School-based Preschools*

**Community Supports**

*Example: I Am [Name]*

**Family Thriving**

*Example: Fears and Stress Somewhat Left Behind*

**Unlikely Outside Support**

*Example: Surviving, Until the Manifestation*

**Medical**

*Example: Cancer*

**FEWER THEMES LIKE...**

**Immunizations**

*Example: The VA*

**Access Intervention Services and Health Insurance Coverage**

*Example: No Coverage, No Care*

**Basic Needs (Utilities, Food, Etc.) Homelessness, Health**

*Example: Worst Time of My Life*

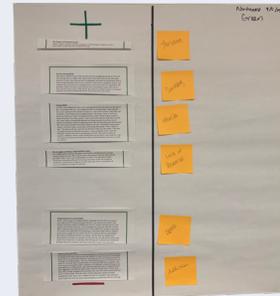
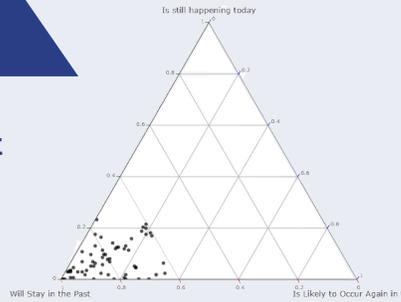
**Mental Health**

*Example: Early Childhood Mental Health*

**PAST TRIAD**

*Will Stay in the Past*

If this story is something that happened in the past, it...



**MORE THEMES LIKE...**

**Thriving**

*Example: The Power of Positivity*

**Surviving**

*Example: Country Living*

**Health**

*Example: Cancer*

**Lack of Resources**

*Example: The Struggles of Being a Single Parent*

**FEWER THEMES LIKE...**

**Abuse**

*Example: Things Beyond My Control*

**Addiction**

*Example: Chance to be Free*

# Important CONVERSATIONS

*Participants observed the following patterns about the local stories in their community:*

- ★ Some stories related to early childhood screenings, intervention (including removal of a child from the home), and childcare.
- ★ Access to the Americans with Disabilities Act was highlighted in several stories.
- ★ People often rely on external supports, whether by a service provider or friend/family member/neighbor.
- ★ Many stories expressed general financial struggles.
- ★ Healthcare and finances relating to health crises were common in many stories.
- ★ Significant family dynamics issues (domestic violence, addiction) was represented in stories.
- ★ Many of the stories talked about being able to overcome something.
- ★ Basic needs are a high priority for families in Northeast Kansas.
- ★ Language barriers cause problems in service delivery and interventions.

*Participants highlighted:*

- ★ Stories where respondents shared about people, not programs, when they discussed receiving services. This prompted discussion about the importance of human connection as service providers.
- ★ Many stories discuss school as a source of food.
- ★ Some stories indicate that families view education and schools differently than service providers.
- ★ People just out of service providers' reach due to the rural/urban divide are struggling with access to food, education, and services.
- ★ It is very possible providers are doing good things in education and childcare, but right now those are not the most important issues for people, and therefore stories do not reflect that work.

*Participants were surprised about:*

- ★ The number of stories referencing different support groups.
- ★ Stories expressed hope and resilience, even if the stories related to difficult circumstances.
- ★ The lack of awareness of resources.
- ★ The ways in which the system failed people. In many cases, the process alone hindered many people from getting the services they needed.

## Appendix F. Our Tomorrows Reports

### *Participants expected:*

- ★ More stories about early childhood/childcare, especially access to childcare.
- ★ More stories about access to healthcare.
- ★ More about education. Some stories alluded to education, but said nothing specifically about education playing a role in overcoming a situation.



# North Central Kansas

## Key Partners and Story Collection Overview

### **Child Advocacy and Parenting Services (CAPS) of Salina**

CAPS of Salina joined the Our Tomorrows project in April 2019 and collects stories through their family support services. They attend community events including Community Baby Showers, Big Truck Night, and Back to School Fairs. In addition to collecting stories at events, CAPS mentors also collect stories from their clients and families attending parenting classes, including stories from their Spanish-speaking clients.

### **Citizen Journalists**

Katherine Bruce joined the project in May 2019 and collects stories through her active role in her community, primarily collecting in McPherson County.



### **STORIES MATTER**

Respondents in the North Central Region are sharing meaningful stories that made a significant impact on their lives and they want others to know.

**41.2%** said the story they shared happened only once and 25.3% said the story they shared happens once in a while. That means the majority of stories (66.5%) were not day-to-day experiences.

**70.1%** of respondents selected that they would always remember their experience. This means the stories were impactful and will stick with them.

**27.5%** said everyone in their area should know about their experience. Only 6.6% of respondents said no one should know.

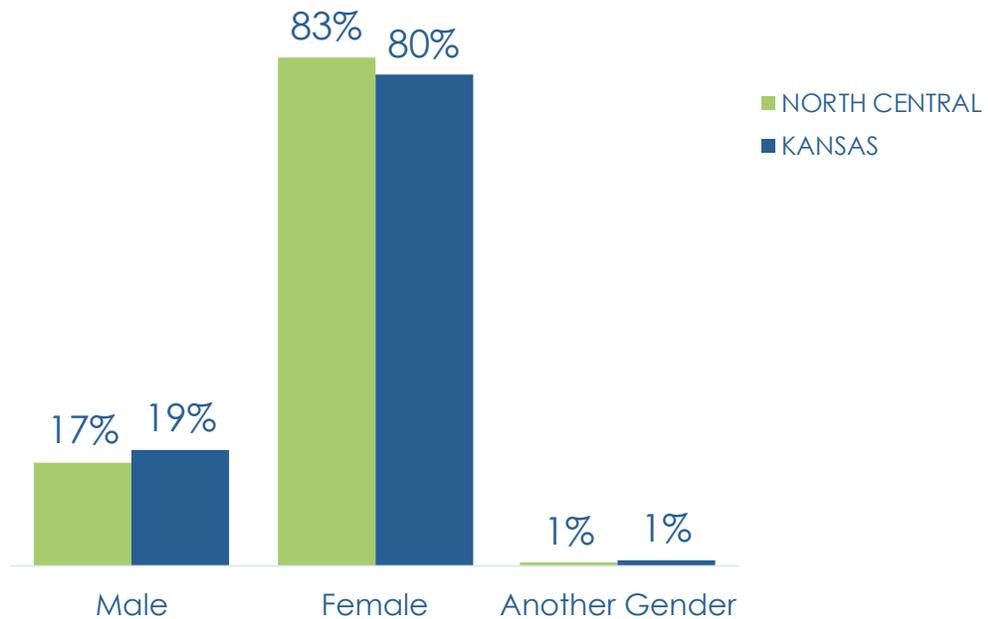
# North Central Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in North Central Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of North Central Kansas (n=183) and statewide (n=2,132). As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# North Central Kansas

## Demographics

### Race (n=183)

North Central Kansas respondents identified as:

White	<b>77.6%</b>
Black or African American	<b>4.9%</b>
American Indian or Alaska Native	<b>2.2%</b>
Asian	<b>1.6%</b>
Native Hawaiian/other Pacific Islander	<b>0%</b>
Another Race	<b>9.3%</b>
Preferred not to say	<b>4.4%</b>

Compared to responses statewide, the North Central region had 3% more respondents that identified as another race.

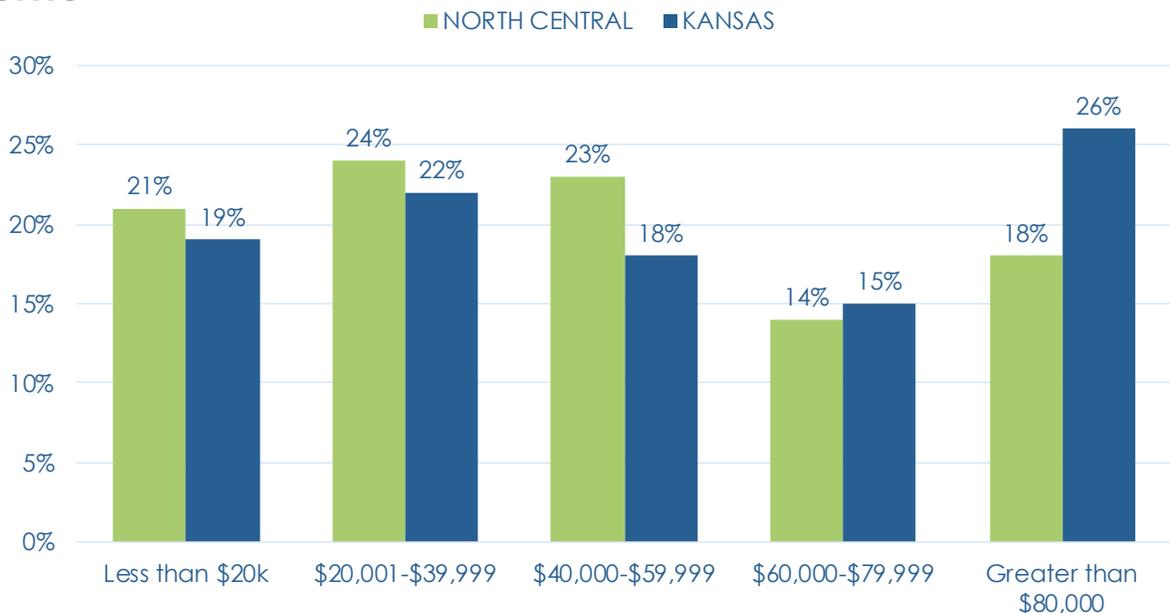
### Ethnicity

North Central Kansas respondents identified as:

Hispanic or Latino/a	<b>15.8%</b>
Not Hispanic or Latino/a	<b>80.9%</b>
Preferred not to say	<b>3.3%</b>

The representation of Hispanics or Latinos/as was similar to the statewide data.

### Income



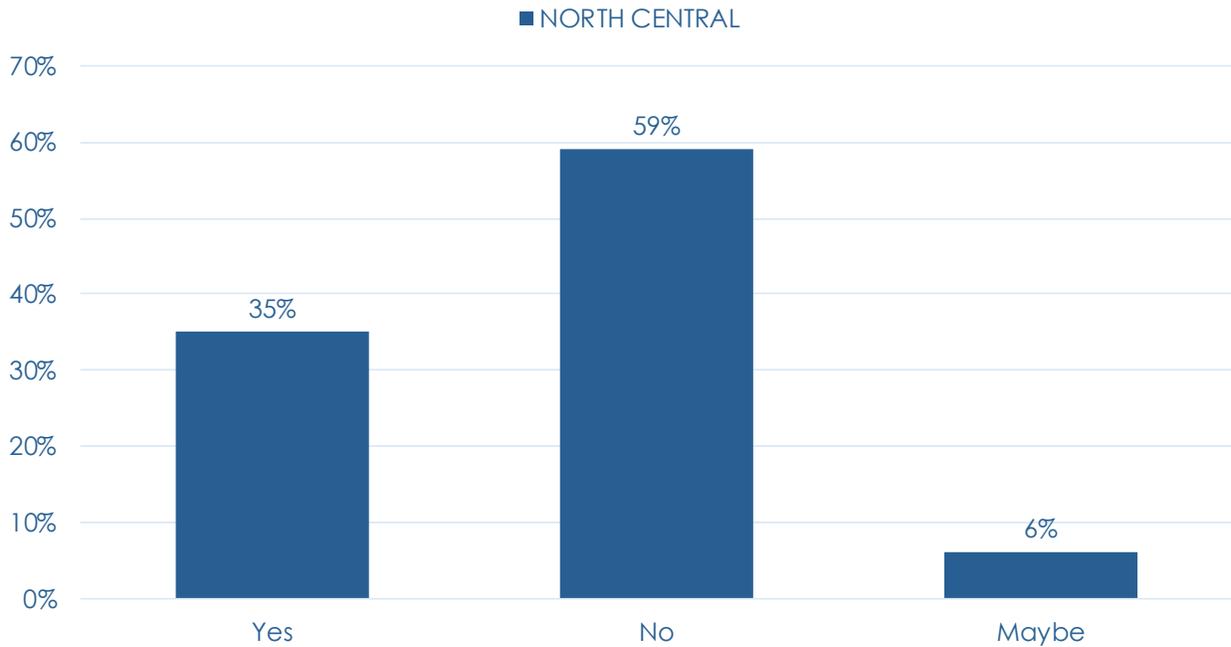


## 35% of North Central Stories Included Bright Spots

64 of 183 stories coded by the Our Tomorrows team.

**There is a lot that is already working in the Early Childhood System in the North Central Kansas.** However, there is still work to be done! The amount of Bright Spots in the North Central Region was about 10% less than the average percentage of bright spots in other regions.

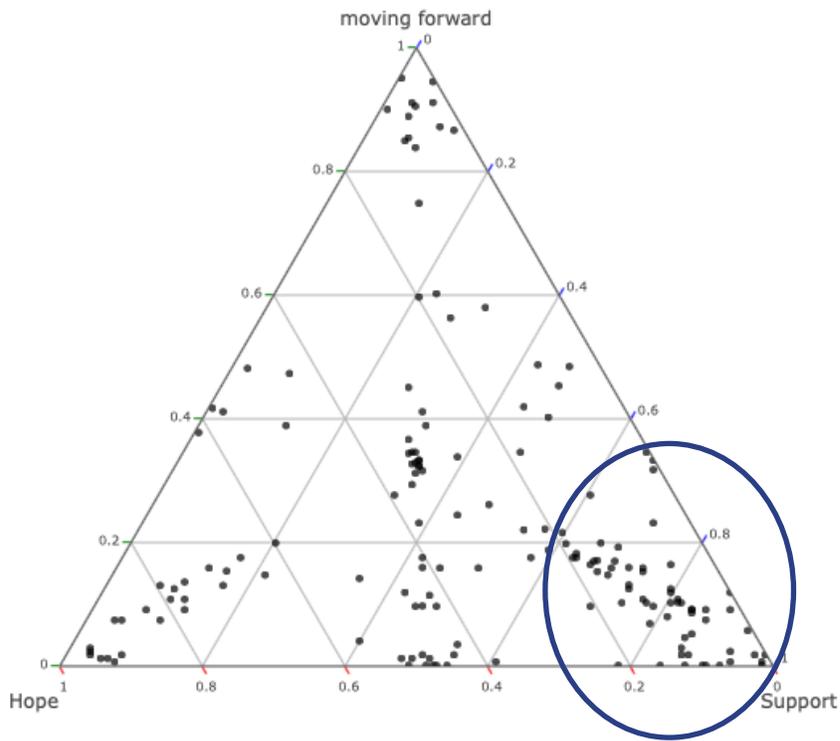
**Nearly 50% of stories including bright spots were shared by people with a family income of \$40,000 or less.**

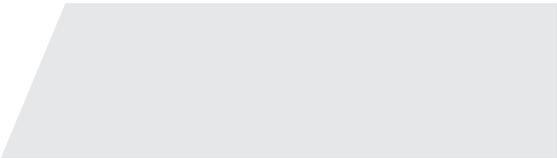




**When things got tough, families were able to rely on support from others.**

The most predominant clusters of stories in the When Things got Tough Triad was toward the Support from Others corner (40% of stories). By working with Our Tomorrows stories, North Central Kansas can continue to build on this strength.





## 61% of North Central Stories Included Disruptors

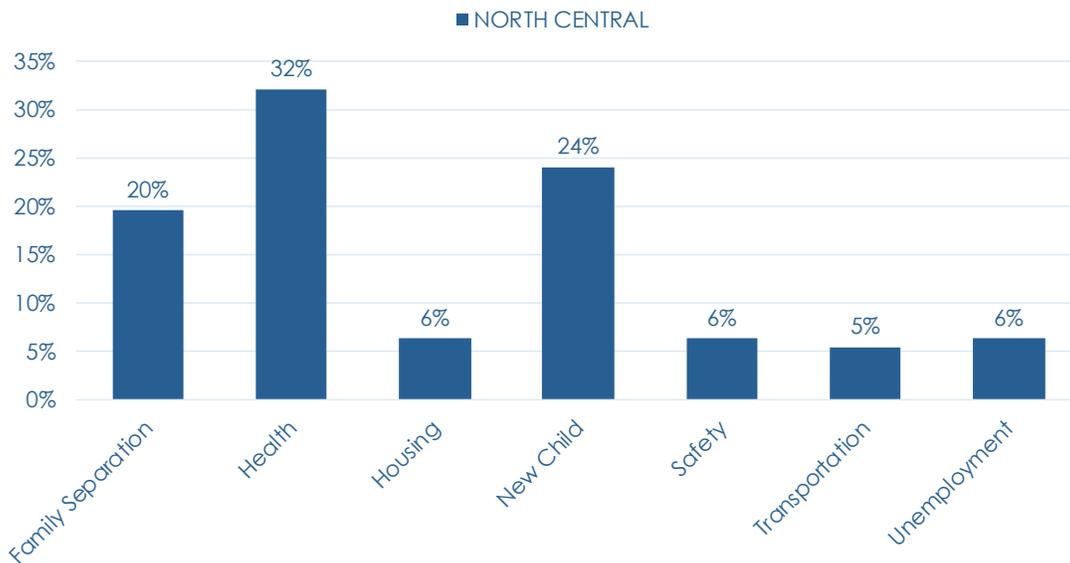
112 of 183 stories coded by the Our Tomorrows team.

### Health and the addition of a new child were major Disruptors in North Central

**Kansas.** 32% of stories coded with Disruptors by the Our Tomorrows team focused on health crisis, health care, or ongoing medical problems. 24.1% of stories with Disruptors were about the challenges that accompany the addition of a new child to the household, whether by birth, adoption, or foster care.

### Family Separation was also a common Disruptor in the North Central Region.

20% of Disruptors were about families broken up due to divorce, incarceration, death of a family member, deportation, or children being removed from the home.



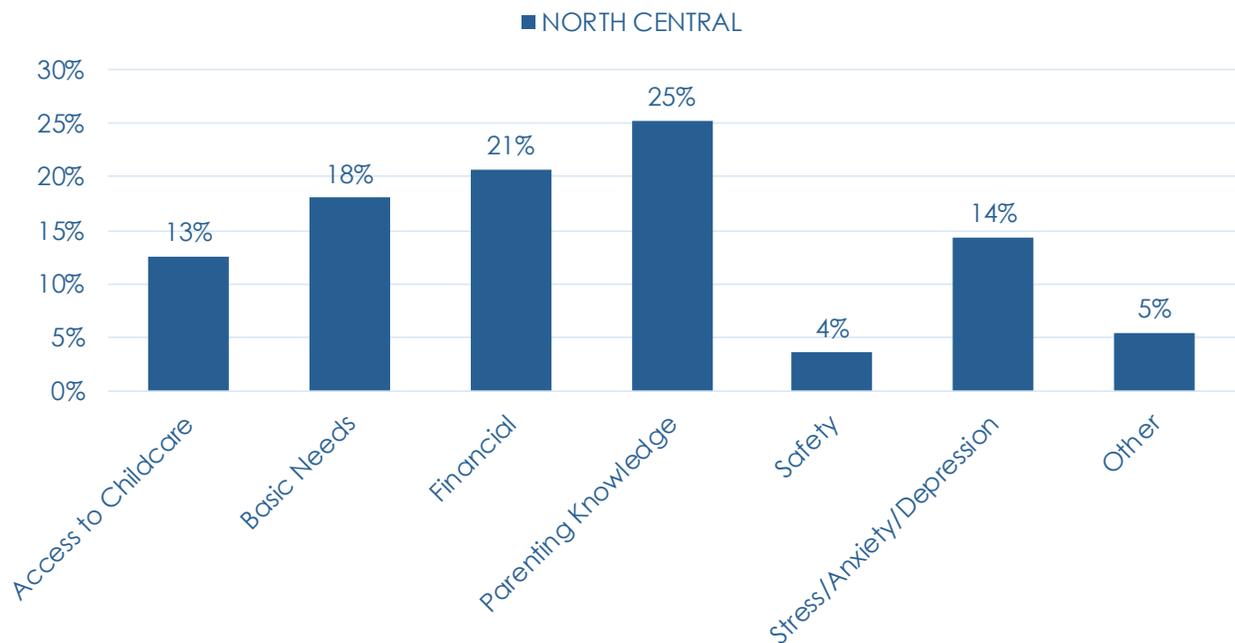


## 60.7% of North Central Stories Included Unmet Needs

111 of 183 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

### **Families in the North Central region have a high need for information about parenting and other resources available to their families.**

25.2% of Unmet Needs coded by the Our Tomorrows team referenced a need for more knowledge regarding raising families. This percentage is double that of the percentage statewide.



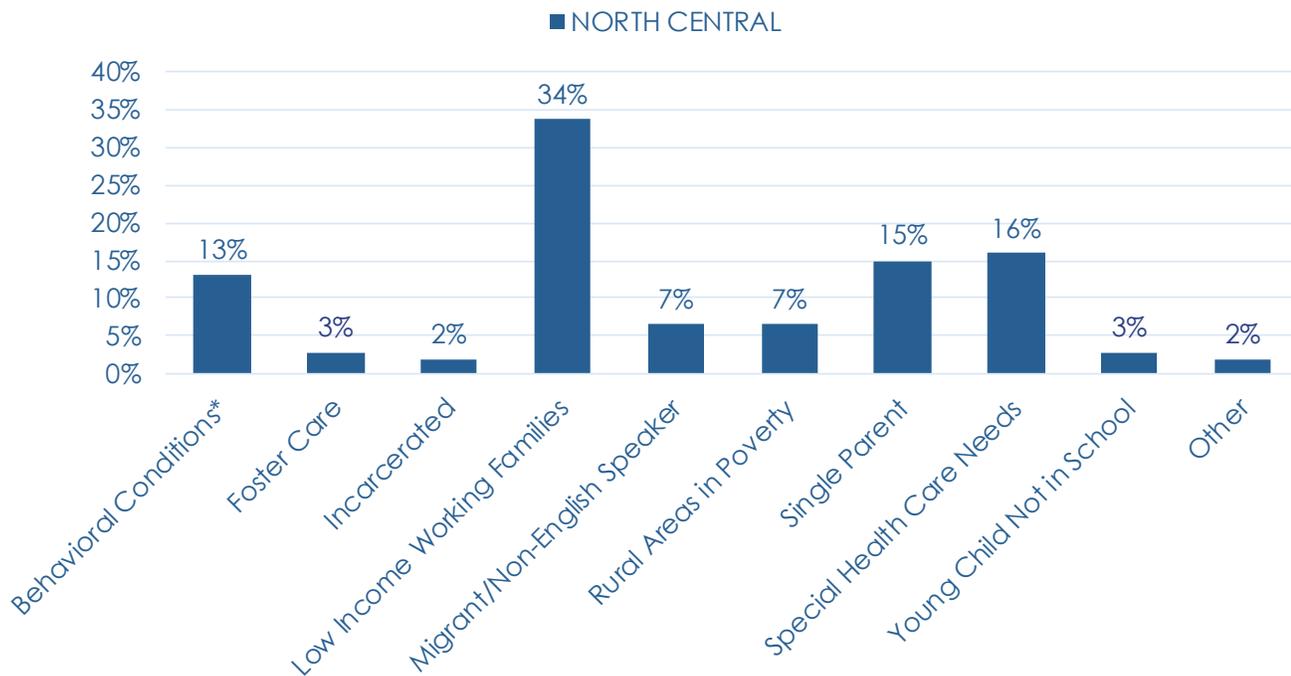


## 58% of North Central Stories Included Unheard Voices

107 of 183 stories coded by the Our Tomorrows team.

### Most of the Unheard Voices in North Central Kansas came from Low Income Working Families.

34% of stories with Unheard Voices reference the struggles that North Central families face to make ends meet, despite holding regular employment.

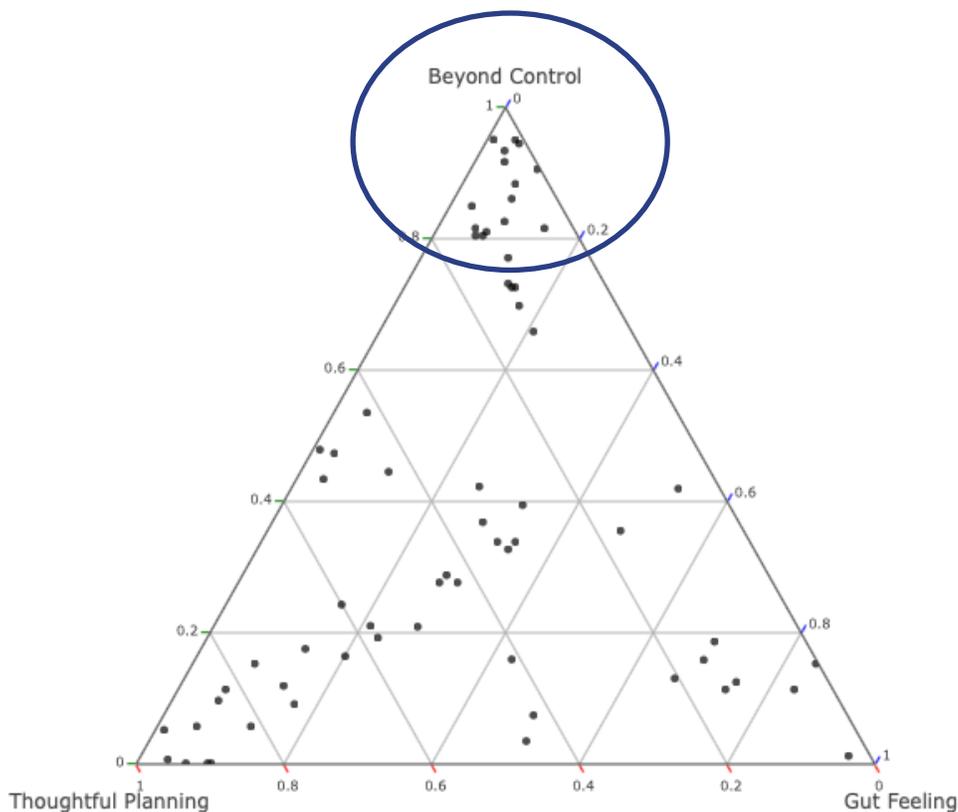


\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions



**People who aren't usually heard or empowered to make systematic changes are also left feeling like they are making decisions based on things beyond their control.**

In the Decisions triangle, the highest density of respondents indicated that they were making decisions beyond their control. Most respondents that marked their stories this way were also low income (under \$40,000 of family income per year).



# Community Sensemaking Workshop

## Notes

August 26, 2019 / Salina, KS

## Key TAKEAWAYS

Hosted by Child Advocacy and Parenting Services on August 26, 2019 in Salina, Kansas, the Our Tomorrows team held a Community Sensemaking Workshop with 12 service providers that work together to support Salina and neighboring counties.

Service providers were proud of the way that different partners had different strengths and program areas. When needs of families weren't being met, they would know where to refer them. Ideas for Actionables were about how to develop outreach to those people and increase presence in parental support groups.

## Activity SUMMARY

### 1 Introductions and Expectations

Workshop participants introduced themselves and shared what they hoped to learn from stories during the workshop.

### 2 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

### 3 Sensemaking Guide

Participants were introduced to the regional Community Sensemaking Guide that highlights the demographic information of people who shared stories with Our Tomorrows and patterns related to Bright Spots, Disruptors, Unmet Needs, and Unheard Voices.

### 4 Working with Stories

Tables were given a story pack from key patterns found in the stories collected in North Central Kansas. Each table sorted the story pack into groups of similar stories, gave each category/theme a title, and then chose an exemplar story that best represented the category/theme. The category/theme titles and exemplar stories were then taped to a flip chart. The left side of the chart read "More Like This," indicating family experiences the group wished to see more of in the future, and "Fewer Like That," which included family experiences that the groups hoped to see less of in the future.

### **5 Group Discussion**

Each small group then discussed three questions:

1. What patterns did you see in your stories?
2. What surprised you?
3. What did you expect to see but didn't?

Each group then chose a reporter to share their findings with the large group.

### **6 Moving to Action**

To prepare for Community Action Labs, small groups decided on quick, local, and inexpensive Actionables that could change the patterns that were identified during the “Working with Stories” activity.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

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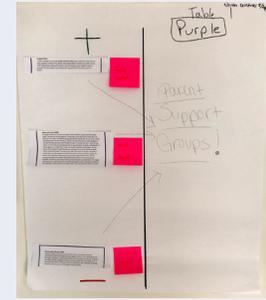
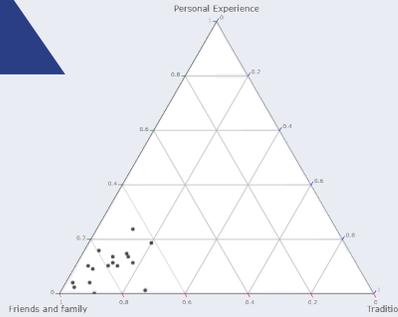
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The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**VIEWS TRIAD**

*Friends and Family*

**In the experience you shared, views on raising a family were shaped by...**



**MORE THEMES LIKE...**

Family Support  
*Example: Support*

Babies & Vaccines  
*Example: Mom not to be*

**FEWER THEMES LIKE...**

Life Changing Moves  
*Example: Divorce after 38 years*

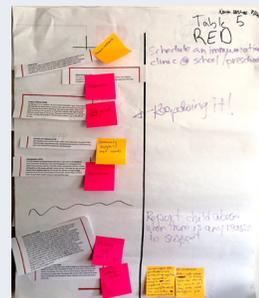
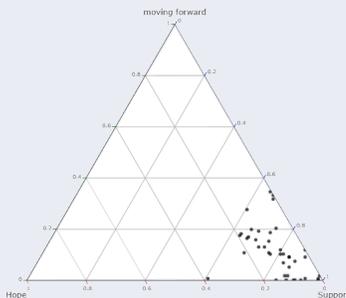
**ACTIONABLES**

*Actionables to change the experience of families in the future.*

- ★ Parent Support Groups

**THINGS GET TOUGH TRIAD**  
*Support from Others*

In the experience you shared, when things got tough, what helped the family get through?



**MORE THEMES LIKE...**

Immunizations  
*Example: APRN*

Celebration  
*Example: Texas Vacation*

Help Arrived (food)  
*Example: Hungry & Blessed*

Community Supports Met Needs  
*Example: Grateful & Miraculous*

Resilience  
*Example: Getting better*

**FEWER THEMES LIKE...**

Missing help gaps in support  
*Example: A downward spiral*

Lacking Childcare  
*Example: Moving back to town*

**ACTIONABLES**

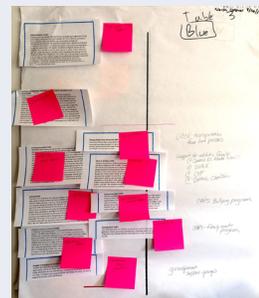
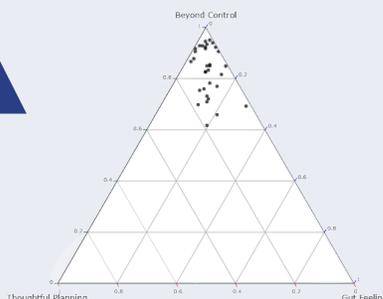
Actionables to change the experience of families in the future.

- ★ Schedule an immunization at school/preschool
- ★ Continue food donation systems
- ★ Report child abuse when there is any reason to suspect
- ★ Encourage HR professionals screening applicants to advise people not meeting their hiring standard to consider entering the field of childcare. Also, ask what is their spouse doing for work if they are hired for your job.

**DECISIONS TRIAD**

*Things Beyond  
the Family's Control*

In the experience you shared, decisions were made based on...



**MORE THEMES LIKE...**

**Bright Spots – Support**

*Example: Relieved mother*

**Immunizations**

*Example: Hearing Impairment from meningitis and advocating for immunization as a nurse*

**FEWER THEMES LIKE...**

**Transportations**

*Example: Helping families help themselves*

**Addiction Mental Health**

*Example: A downward spiral*

**Domestic Violence**

*Example: Abuse to stability*

**Bullying**

*Example: Bullying*

**Low Income Working Families**

*Example: Making ends meet*

**Unemployment**

*Example: Unemployment*

**Child not in School**

*Example: Unknown pressures of students*

**Grandparents Raising Grandkids**

*Example: Struggles of grandparents raising grandkids*

**ACTIONABLES**

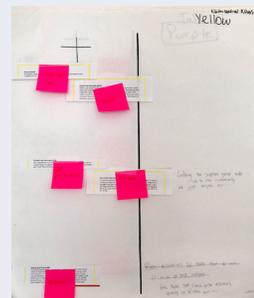
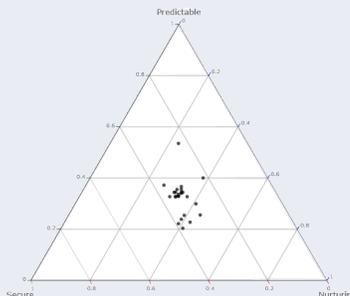
*Actionables to change the experience of families in the future.*

- ★ OCCK transportation free bus passes
- ★ Support for addict + family – Central Kansas Mental Health, DVACK, CKF, Catholic Charities
- ★ CAPS Bullying Program
- ★ CAPS – family mentor program
- ★ Grandparent support group

**POSITIVE HOMELIFE TRIAD**

*Center*

In the experience you shared,  
the family's homelife felt...



**MORE THEMES LIKE...**

Good Family Time

*Example: Blessed*

Vaccines

*Example: Chicken Pox Play Date*

On the Rise

*Example: Grateful & Miraculous*

New Baby

*Example: One Cannot Give From an Empty Cup*

**FEWER THEMES LIKE...**

Hardships

*Example: Making Ends Meet*

**ACTIONABLES**

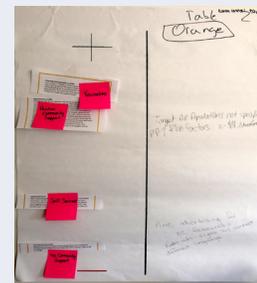
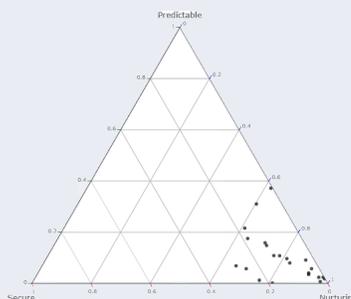
*Actionables to change the experience  
of families in the future.*

- ★ Getting the support group info out to the community not just target agencies
- ★ Find those that need extra resources by teaming up with other local agencies

**HOMELIFE POSITIVE TRIAD**

*Nurturing*

In the experience you shared,  
the family's homelife felt...



**MORE THEMES LIKE...**

Vaccinations

*Example: Eliminating Influenza hesitancy*

Positive Community Support

*Example: Relieved mother*

**FEWER THEMES LIKE...**

Self-Survivors

*Example: Helping hand*

No Community Support

*Example: Surviving the move*

**ACTIONABLES**

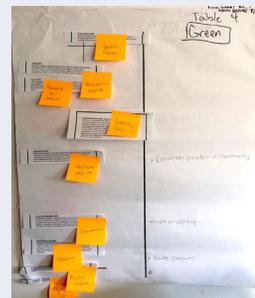
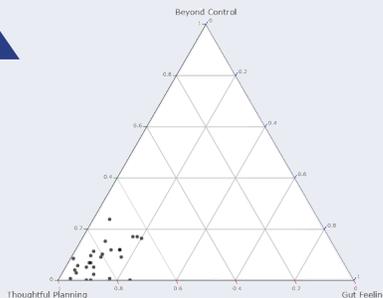
*Actionables to change the experience of families in the future.*

- ★ Target all populations, not just specific populations with risk factors, ie. \$\$, education
- ★ More advertising for EC resources—radio ads, flyers with contact, different languages

**DECISIONS TRIAD**

*Thoughtful Planning*

In the experience you shared, decisions were made based on...



**MORE THEMES LIKE...**

Vacation Planning  
*Example: Texas vacation*

Vaccination Health  
*Example: APRN*

Grateful For Resources  
*Example: Support*

Quality Care  
*Example: Family sacrifices for quality child care*

Hard Work Pays Off  
*Example: Helping hand*

**FEWER THEMES LIKE...**

Transportation  
*Example: Preschool transportation*

Housing  
*Example: Moving back to town*

Mental Health  
*Example: Healing at my own pace*

Kinship/Adoption  
*Example: Struggling to know*

**ACTIONABLES**

Actionables to change the experience of families in the future.

- ★ Recruit more providers in the community
- ★ Carpool networking
- ★ Mentor program

# *Important* CONVERSATIONS

*Participants observed the following patterns about the local stories in their community:*

- ★ When people had supports, they thrived. When lacking, they did not.
- ★ Families that do not fit into “at risk” parameters still need supports.
- ★ “Nurturing” responses included both positive and negative stories. Still, stories described nurturing situations despite whether the individual or family received resources.
- ★ Service providers often were not told when parents were in crisis.
- ★ Many stories described issues within families, and those respondents were missing family support to help improve their situations.

*Participants highlighted:*

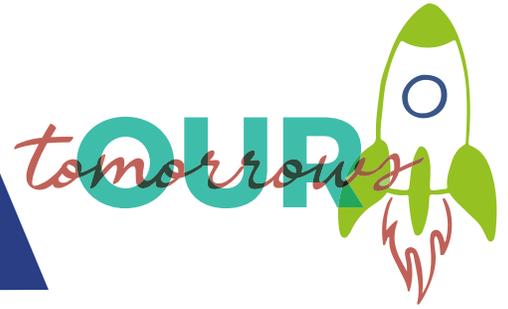
- ★ Parents like telling their story and were excited to share their personal experiences.
- ★ People do not know where to go to both ask for and provide resources.
- ★ Needs in their community:
  - A one stop shop or central place to call for resources.
  - Parent support groups, including on Facebook and other social media.
  - Marketing supports; people who are educated to look for the correct resources and connections.

*Participants were surprised about:*

- ★ The lack of child care stories; maybe people were not sharing those stories because they cannot go into community due to lack of child care.
- ★ Child care is expensive; people are not having children because they cannot find child care.
- ★ The number of stories about perseverance and working hard.
- ★ Immunization bright spots are present in many stories.

*Participants expected:*

- ★ More stories about receiving support and resources.



# Community Profile

## Northwest

**Counties**

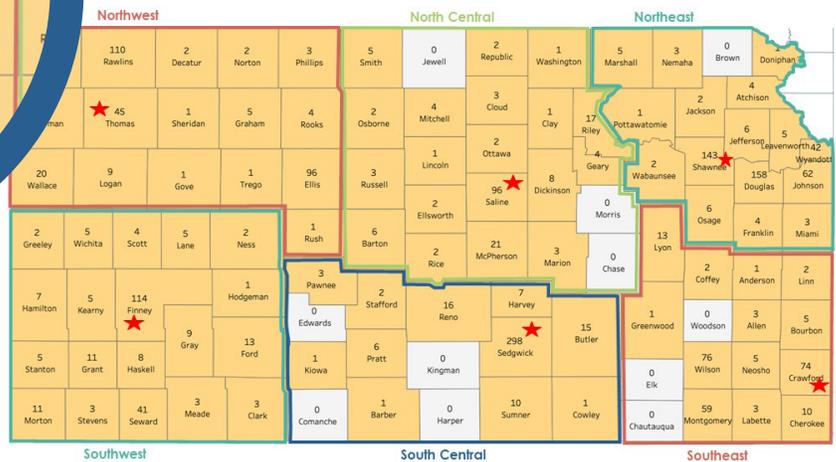
Cheyenne	Sheridan	Phillips
Decatur	Sherman	Rawlins
Ellis	Thomas	Rooks
Gove	Trego	Rush
Graham	Wallace	Sheridan
Logan	Decatur	Sherman
Norton	Ellis	Thomas
Phillips	Gove	Trego
Rawlins	Graham	Wallace
Rooks	Logan	
Rush	Norton	



Current Northwest Story Count  
**396 stories**



**1892 STORIES SHARED BY KANSANS\***



Community Action Lab Region Legend  
 ★ Regional Community Sensemaking Workshop Location

\*2132 Total Stories Shared

# Northwest Kansas

## Key Partners and Story Collection Overview

### Dana Stanton – Citizen Journalist

Dana Stanton is an employee of USD 489 Early Childhood Connections in Hays and joined the Our Tomorrows project as the first Citizen Journalist in the Fall of 2018. She collected stories by utilizing her established connections in the early childhood community, social media, and by attending local events.

### LiveWell Northwest Kansas – Organizational Partner

LiveWell joined Our Tomorrows in February 2019 and held a story collecting competition the first two weeks of July 2019. Citizen Journalists, including high school youth, in Rawlins, Thomas, Wallace, and Cheyenne counties participated. LiveWell made a donation to the local school district of the county with the most stories. LiveWell also collected stories at food distribution events held by the local grocery store and spent a day collecting stories on-site at large community employers.



### STORIES MATTER

Respondents in the Northwest are sharing meaningful stories that made a significant impact on their lives and they want others to know.

**41.4%** said the story they shared happened only once and 19.2% said the story they shared happens once in a while. That means the majority of stories (60.6%) were not day-to-day experiences.

**70.5%** of respondents selected that they would always remember their experience. This means the stories were impactful and will stick with them.

**34.9%** said everyone in their area should know about their experience. Only 9.6% of respondents said no one should know..

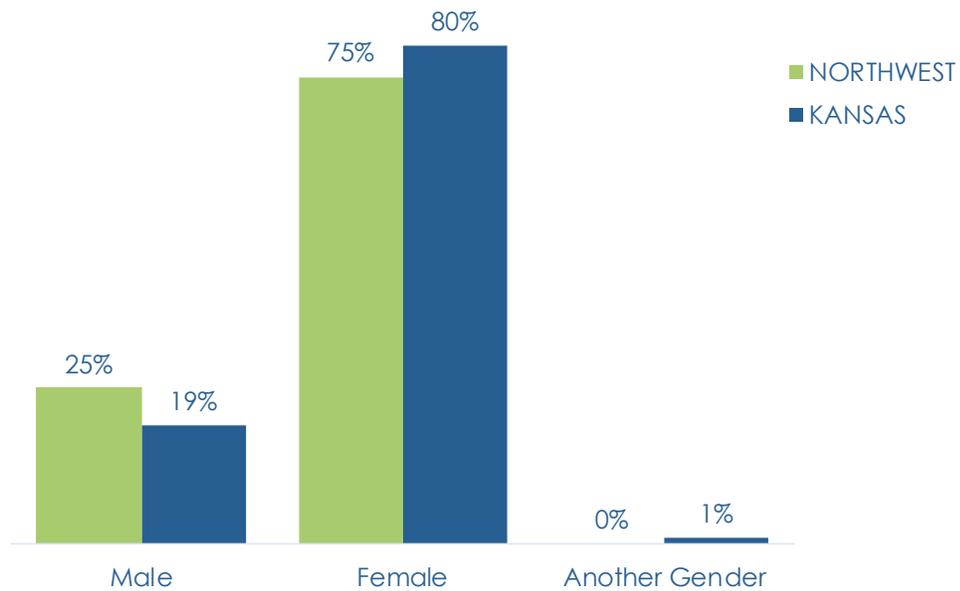
# Northwest Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in Northwest Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of Northwest Kansas (n=396) and statewide (n=2,132). As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# Northwest Kansas

## Demographics

### Race (n=396)

Northwest Kansas respondents identified as:

White	<b>89.4%</b>
American Indian or Alaska Native	<b>1.5%</b>
Black or African American	<b>0.8%</b>
Asian	<b>0.3%</b>
Native Hawaiian/other Pacific Islander	<b>0.3%</b>
Another Race	<b>2.8%</b>
Preferred not to say	<b>5.1%</b>

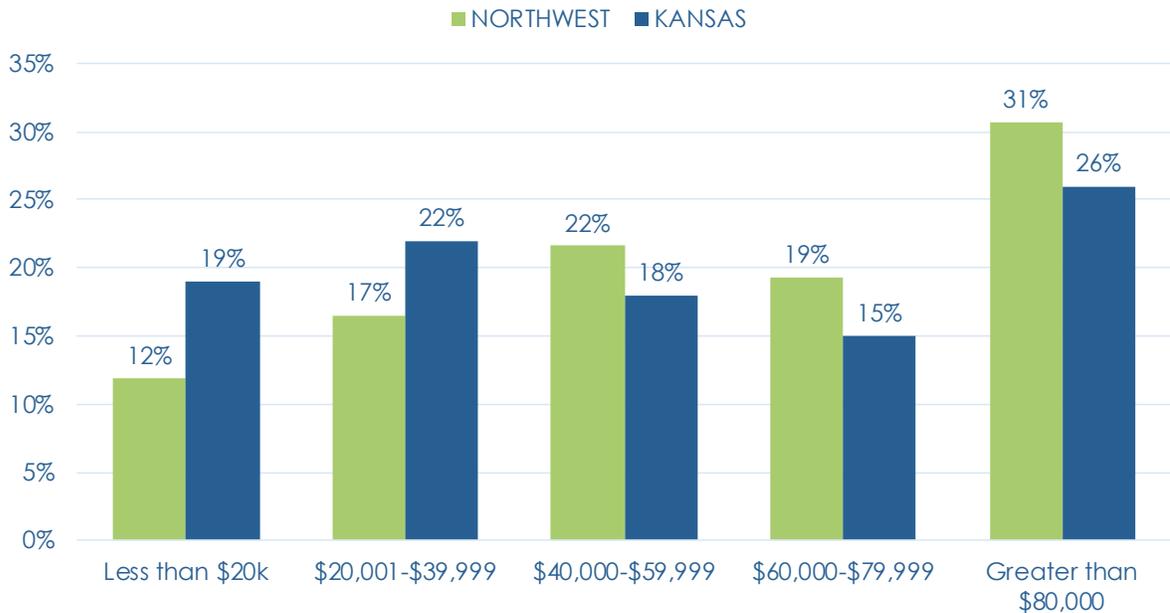
8.7% fewer Hispanic or Latinx participants in Northwest Kansas shared a story when compared to the rest of the state.

### Ethnicity

Northwest Kansas respondents identified as:

Hispanic or Latino/a	<b>4.0%</b>
Not Hispanic or Latino/a	<b>90.2%</b>
Preferred not to say	<b>5.8%</b>

### Income



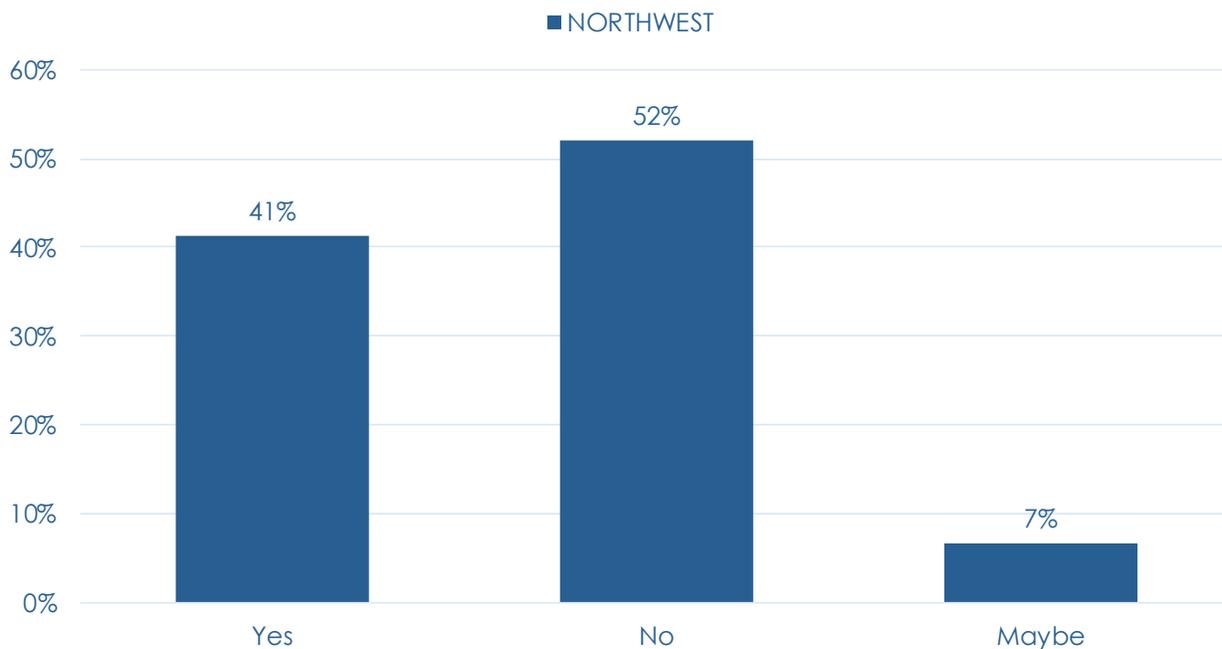


## 41% of Northwest Stories Included Bright Spots

161 of 396 stories coded by the Our Tomorrows team.

### **There is a lot that is already working in the Early Childhood System in the Northwest.**

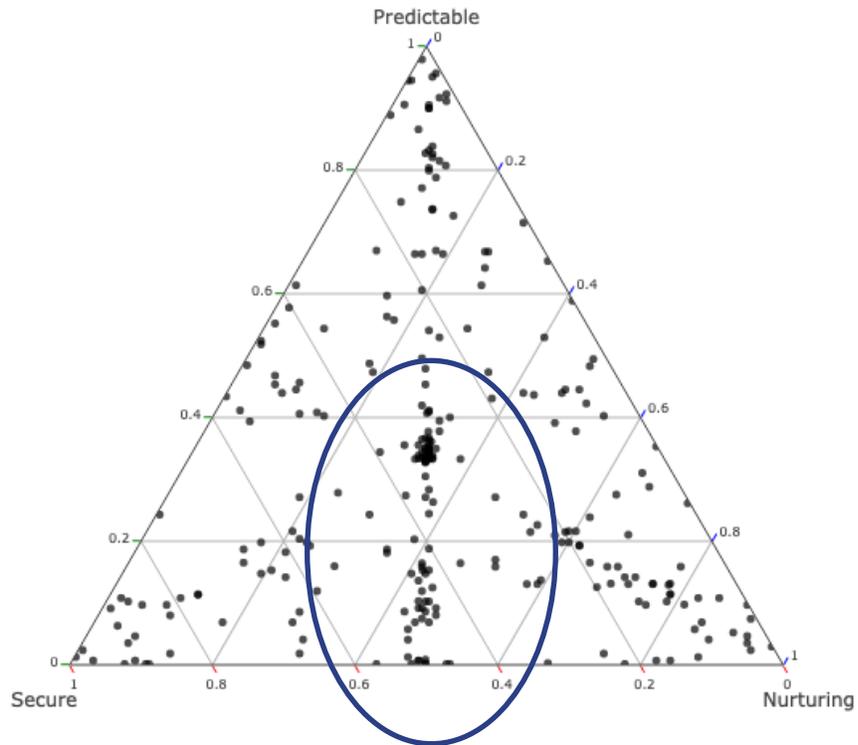
41.3% of the stories contained Bright Spots as coded by the Our Tomorrows Team.

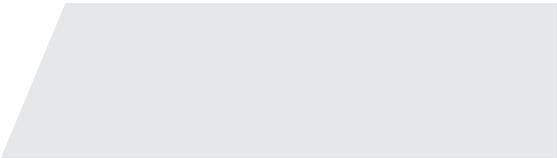




**In spite of adversity, secure and nurturing home environments for children were present in the majority of stories.**

The most predominant clusters of stories in the Positive Homelife Triad are in the middle and at the bottom, showing that the majority of families shared experiences where home life was secure, predictable, and nurturing.





## 58% of Northwest Stories Included Disruptors

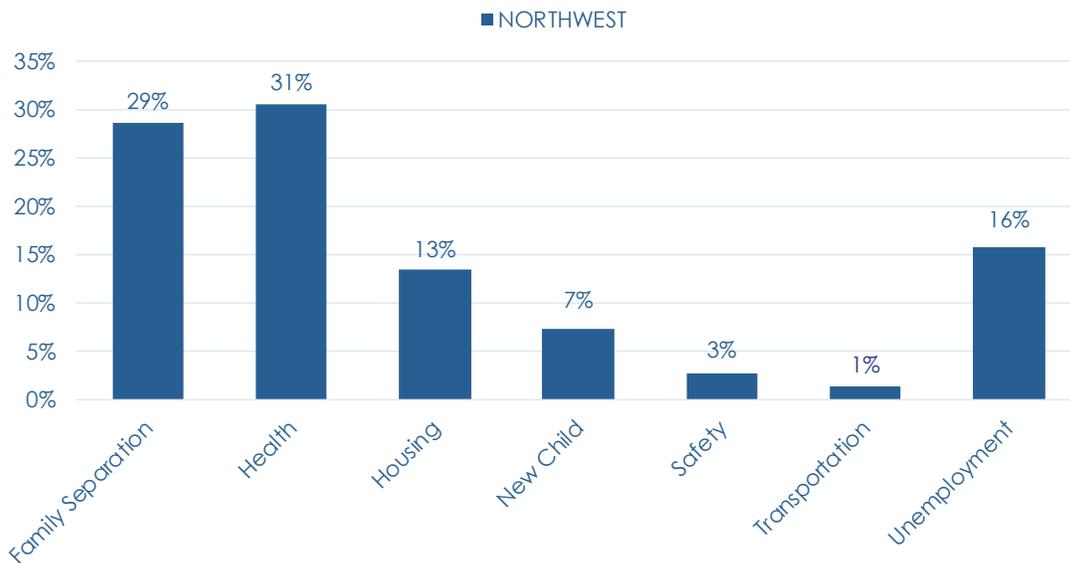
216 of 396 stories coded by the Our Tomorrows team.

### Health and Family Separation were major disruptors in the Northwest.

31% of stories coded with disruptors by the Our Tomorrows team focused on health crisis, health care, or ongoing medical problems. 29% of stories with disruptors were about Family Separation, where families were broken up due to divorce, incarceration, death of a family member, or children being removed from the home.

### Unemployment was also a common disruptor in the Northwest.

16% of disruptors were about unemployment or losing a job, about 5 percentage points higher than in the rest of the state.



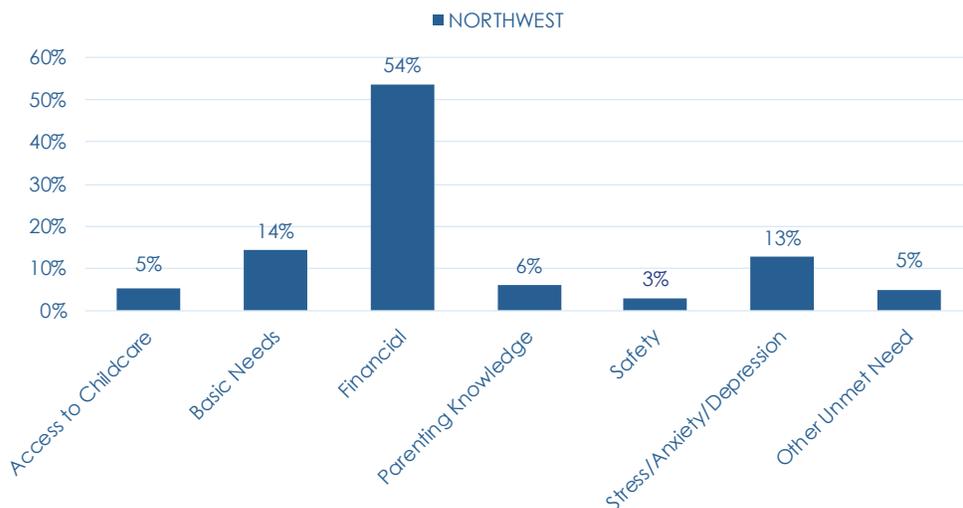


## 58% of Northwest Stories Included Unmet Needs

229 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

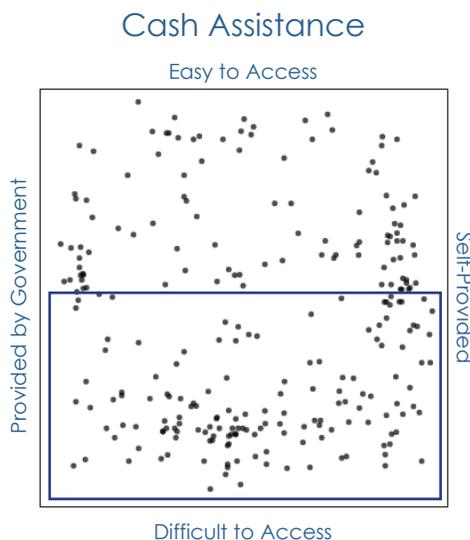
### Families in the Northwest experienced high degrees of financial strain, indicating a potential lack of economic opportunity and resources in the area.

53.7% of Unmet Needs coded by the Our Tomorrows team referenced living paycheck-to-paycheck or having trouble paying bills. This is almost 21% higher than the rest of the state (32.2%).



### The economic situation was also demonstrated in the difficulty to access cash and cash assistance.

58% of Cash Assistance stories were placed on the bottom half of the Resource canvas.



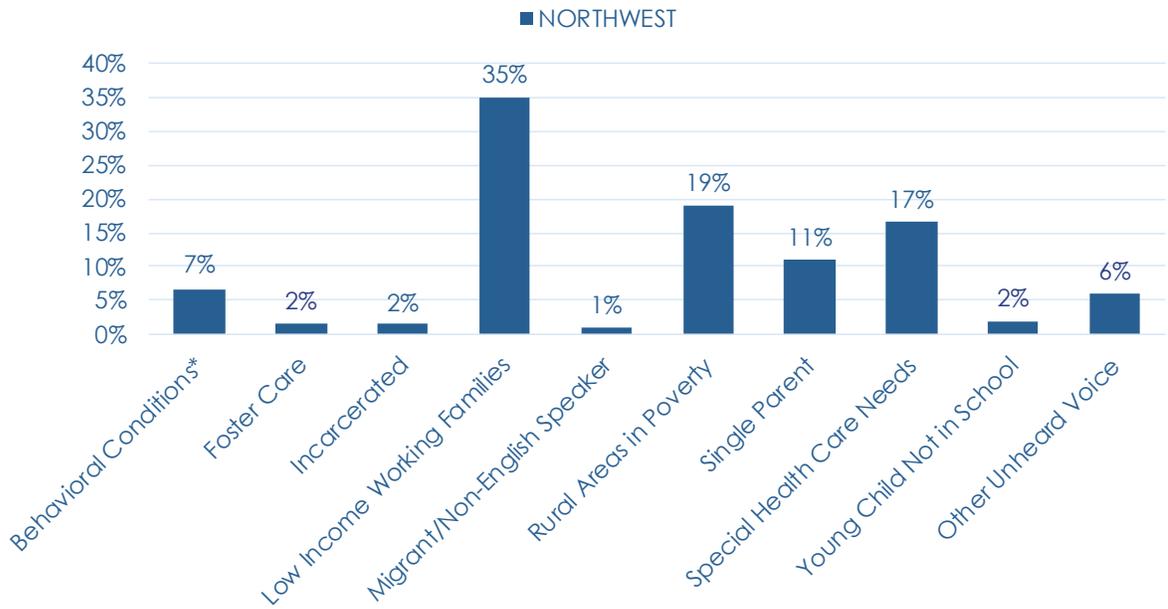


## 51% of Northwest Stories Included Unheard Voices

200 of 396 stories coded by the Our Tomorrows team.

### Low income working families and people from rural areas living in poverty accounted for 54% of all unheard voices in Northwest Kansas.

35% of stories with Unheard Voices were from low income working families and 19% were from people from rural areas living in poverty. Many stories shared were about farming and getting by.

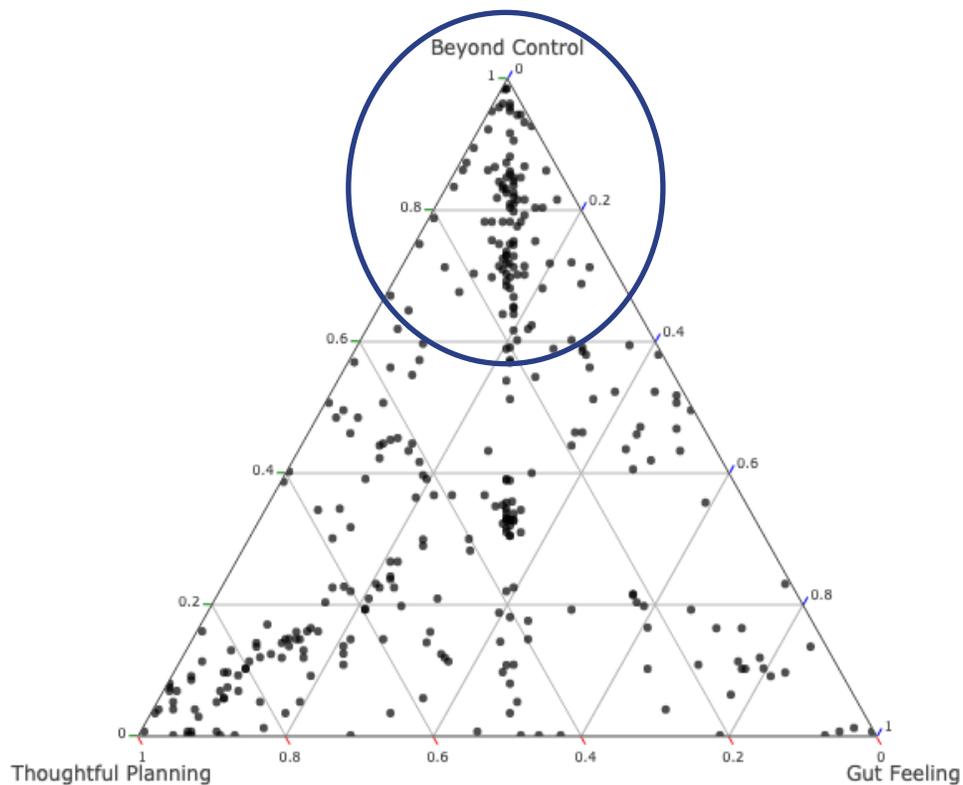


\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions



**People who aren't usually heard or empowered to make Systemic changes are also left feeling like they are making decisions based on things beyond their control.**

In the Decisions triangle, the highest density of respondents indicated that they were making decisions beyond their control. Most respondents that marked their stories this way were also low income (under \$40,000 of family income per year).



# Community Sensemaking Workshop

## Notes

August 1, 2019 / Colby, KS

## Key TAKEAWAYS

- ★ Through the involvement of several youth citizen journalists, the sixteen participants in the Northwest workshop were able to hear and work with the stories of farmers and the challenges they face.
- ★ Financial stress and inability to meet basic needs caused stress and anxiety for the families in Northwest Kansas.
- ★ Actionables ideas from service providers, parents, and community members were focused around building on the strength of the social ties in a small community to be more welcoming to new families and develop community supports.

## Activity SUMMARY

### 1 Introductions and Expectations

Workshop participants introduced themselves and shared what they hoped to learn from stories during the workshop.

### 2 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

### 3 Sensemaking Guide

Participants were introduced to the regional Community Sensemaking Guide that highlights the demographic information of people who shared stories with Our Tomorrows and patterns related to Bright Spots, Disruptors, Unmet Needs, and Unheard Voices.

### 4 Working with Stories

Tables were given a story pack from key patterns found in the stories collected in North Central Kansas. Each table sorted the story pack into groups of similar stories, gave each category/theme a title, and then chose an exemplar story that best represented the category/theme. The category/theme titles and exemplar stories were then taped to a flip chart. The left side of the chart read "More Like This," indicating family experiences the group wished to see more of in the future,

and “Fewer Like That,” which included family experiences that the groups hoped to see less of in the future.

### **5 Group Discussion**

Each small group then discussed three questions:

- 1.** What patterns did you see in your stories?
- 2.** What surprised you?
- 3.** What did you expect to see but didn't?

Each group then chose a reporter to share their findings with the large group.

### **6 Moving to Action**

Participants were so invested in discussing the stories they read and sharing their ideas and perceptions that the Workshop ended before there was time to share ideas for Actionables. Instead, they discussed ideas for action collectively.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

Outlined on the following pages are the themes and patterns that emerged while participants were working with their community's stories. Each page of notes represents the work of one group in the workshop. Each group read and interpreted one "Story Pack" from the Our Tomorrows data set.

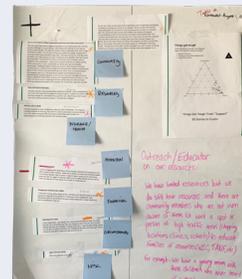
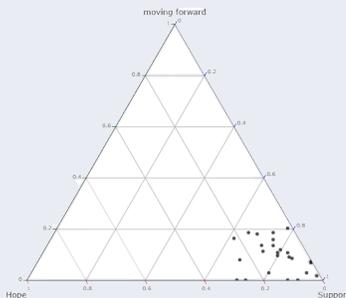
On each page, you will see the following:

- ★ A title that shows what pattern the group worked with during the "Working with Stories" activity
- ★ A picture of the pattern from the Our Tomorrows SAVVY Dashboard
- ★ An image of the flipchart completed by workshop participants, which includes titles of themes and example stories sorted by "More like this, fewer like that"
- ★ A typed list of the main themes and example stories taken from the flipchart
- ★ A list of Actionable ideas that participants thought could change the patterns that emerged from the stories they read (this activity didn't occur at every regional workshop due to the great conversations that happened in earlier activities)

The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**THINGS GET TOUGH TRIAD**  
*Support from Others*

In the experience you shared, when things got tough, what helped the family get through?



**MORE THEMES LIKE...**

**Community**

*Example: Life in Rural America: What a Community Does for One of Their Own*

**Resources**

*Example: Help with Electric Bill*

**Insurance/Health**

*Example: Hearing Referral*

**FEWER THEMES LIKE...**

**Addiction**

*Example: Starting Over*

**Financial**

*Example: Struggling to Feed Her Kids*

**Circumstances**

*Example: Working Mom*

**Misc.**

*Example: Day at the Lake*

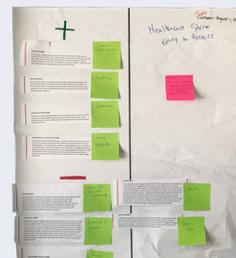
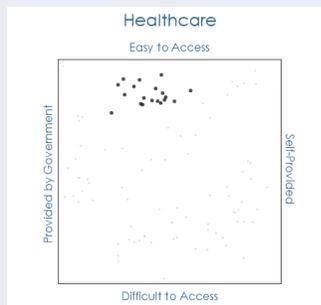
**ACTIONABLES**

*Actionables to change the experience of families in the future.*

- ★ A spot or person in high traffic areas (shopping locations, clinics, schools) to educate families of resources.

## HEALTHCARE RESOURCE CANVAS *Easy to Access*

How do you view the following service or resource reflected in your story?



### MORE THEMES LIKE...

**Travel & Good Memories**  
*Senior Trip*

**Healthcare**  
*Example: Recovery*

**Community**  
*Example: Raising Up to Help*

**Farming**  
*Example: Growing Up on a Kansas Farm*

### FEWER THEMES LIKE...

**Moving to and from the Community**  
*Example: Transition*

**Financial and Careers**  
*Example: Stress Factor*

**Sexual Abuse**  
*Example: Life Changing Experience*

**Addiction**  
*Example: Choices*

**Foster Care**  
*Example: Foster Care*

### ACTIONABLES

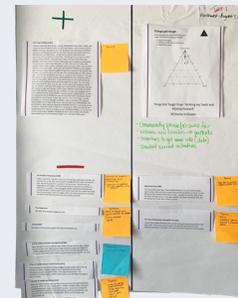
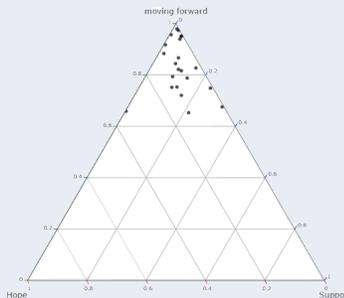
*Actionables to change the experience of families in the future.*

- ★ Increased puberty education and access to supplies. Provide back to school backpacks with feminine hygiene products. Make sure trash cans are available in all restroom stalls.

**THINGS GET TOUGH TRIAD**

*Gritting my Teeth and Moving Forward*

In the experience you shared, when things got tough, what helped the family get through?...



**MORE THEMES LIKE...**

**Thriving**

*From Rags to Riches*

**FEWER THEMES LIKE...**

**Community Support**

*Example: An Outsider's Perspective*

**Healthcare**

*Example: The Change*

**Education**

*Example: Thriving*

*Example: Surfing Children Education for Immigrants*

**Financial**

*Example: The year of Noodles and Bologna*

*Example: Stress for Family Farms in Frontier Kansas*

**Housing**

*Example: High Rental Costs*

**Trauma**

*Example: The Tale of Survival by a Generation Xer*

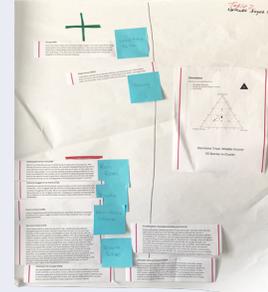
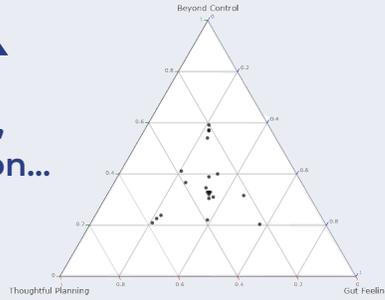
**ACTIONABLES**

Actionables to change the experience of families in the future.

- ★ Community picnic/resource fair
- ★ Welcome new families
- ★ Incentives to get more info (data)
- ★ Supplant current initiatives

**DECISION TRIAD**  
*Middle Region*

In the experience you shared,  
decisions were made based on...



**MORE THEMES LIKE...**

Living through the Hard  
*Change*

Thriving  
*Happy Farmer*

**FEWER THEMES LIKE...**

Family Related  
*Getting Back on Our Feet*

Financial  
*Financial Struggles of Our Family*

Adult-parent Influence  
*Parent in Prison*

**Resource related**

*Not Much Choice*

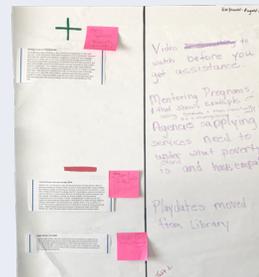
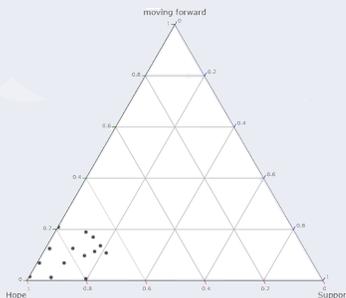
*Medicaid in KS is Tough!*

*Granddaughter's Developmental Milestone*

*Affordable Childcare Programs*

**THINGS GET TOUGH TRIAD**  
*Hope for the Future*

In the experience you shared, when things got tough, what helped the family get through?



**MORE THEMES LIKE...**

**Hope, Value of Hard Work**

*Thriving in Love and Family*

**FEWER THEMES LIKE...**

**Parenting, Support**

*Tired of Being on the Squirrel Cage*

**Helplessness**

*Single Mother Life*

**ACTIONABLES**

Actionables to change the experience of families in the future.

- ★ Video to watch before you get assistance
- ★ Mentoring programs that show examples of using services and identify stepping stones
- ★ Agencies supplying services need to understand what poverty is and have genuine empathy, Playdates moved from library.

## *Important* **CONVERSATIONS**

*Participants observed the following patterns about the local stories in their community:*

- ★ There were more negative stories than positive stories overall.
- ★ Some stories were both heavy and uplifting at the same time. Some stories were
- ★ That some stories were disheartening and horrifying.
- ★ That stories were either extremely hopeful or hopeless.
- ★ Many stories were brief; participants speculated the length of stories could be rooted in literacy issues of the respondents. Further discussion related to story length led to a greater understanding of the SenseMaker tool.

*Participants highlighted:*

- ★ A story about accessibility to life-skills lessons for high school students.
- ★ Immigration and Customs Enforcement (ICE) is a problem in the Northwest region.
- ★ Food pantry customers oftentimes do not know how to use certain foods, which led to a conversation about nutrition education.
- ★ Some of the stories about barely surviving often ended with thriving indicating resilience.
- ★ A participant extrapolated that the inability of these folks to find hope and support where they live could indicate the demise of that community. They speculated that a lack of motivation to help one's neighbors indicated a lack of investment in the community.
- ★ Participants agreed that their major problems as service providers were related to transportation, overworked staff, and lack of qualified staff.

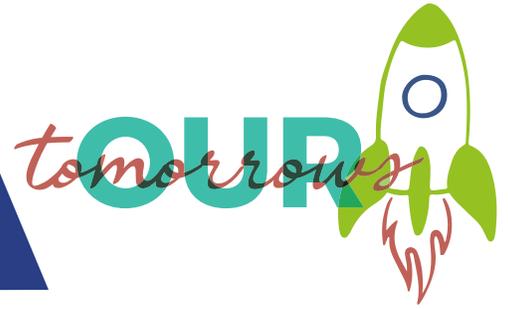
*Participants were surprised about:*

- ★ Seeing so many stories about finances.
- ★ At the lack of stories featuring intervention services.
- ★ The intimacy and openness of the traumatic stories.
- ★ The feelings of hopefulness conveyed in the stories, especially in the context of massive economic challenges faced by low-income families.
- ★ How many stories focused on immediate needs.
- ★ The number stories from farming families.

## Appendix F. Our Tomorrows Reports

### *Participants expected:*

- ★ To see children as the focus of most stories. Instead, many stories involved families.
- ★ To read more stories about education because education is very important in the Northwest Kansas community.
- ★ Stories that exhibited instances of community support. Instead, they were saddened to learn that many people in their region do not feel support from their community.
- ★ To see more stories about childcare.



# Community Profile

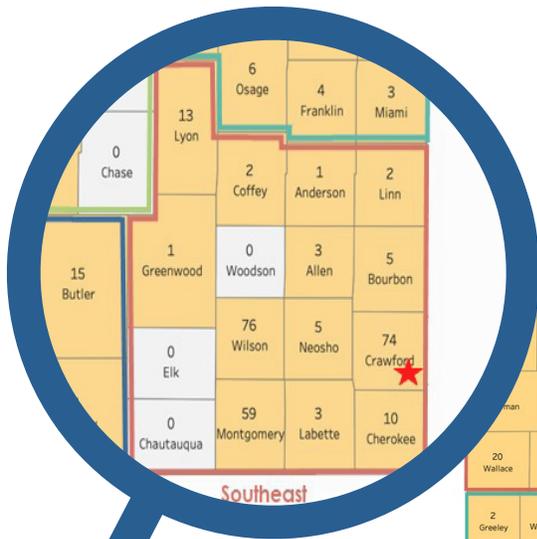
## Southeast

**Counties**

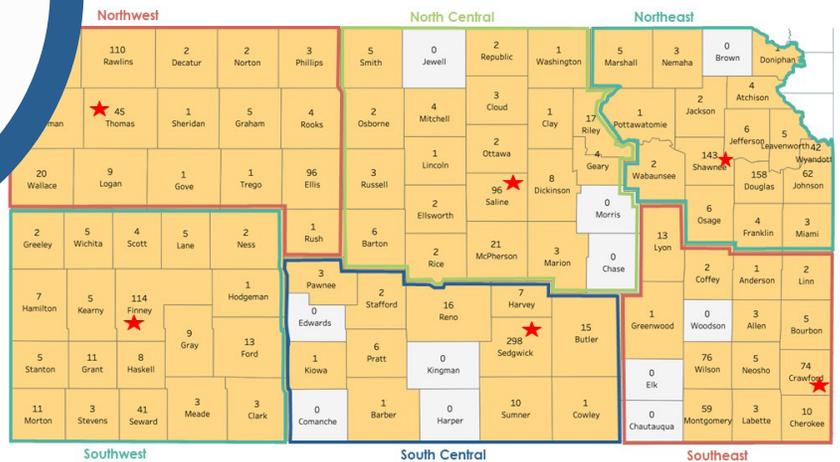
- Allen
- Anderson
- Bourbon
- Chautauqua
- Cherokee
- Coffey
- Crawford
- Elk
- Greenwood
- Labette
- Linn
- Lyon
- Montgomery
- Neosho
- Wilson
- Woodson



Current Southeast Story Count  
**251 stories**



**1892 STORIES SHARED BY KANSANS\***



Community Action Lab Region Legend  
 ★ Regional Community Sensemaking Workshop Location

\*2132 Total Stories Shared

# Southeast Kansas

## Key Partners and Story Collection Overview

The two organizational partners in the 16-county Southeast region have been diligent about collecting stories and raising the voices, strengths, and needs of families in Southeast Kansas. They collected stories from families during local events like county fairs, health fairs, and child-focused fairs. They asked friends, family members, and colleagues to share stories and they collected stories from the families they support. Home visitors even asked families to share during their scheduled visits.

### Four County Mental Health Center

Four County has been a partner since April 2019 and collects stories across Wilson, Montgomery, Elk, Cowley, and Chautauqua Counties. They are a member of a service provider coalition in Wilson County and the Montgomery County Coalition for Children, Families, and Communities, whose members also collect stories.



### The Family Resource Center

The Center joined Our Tomorrows in March 2019. They collect stories primarily from families in Crawford County.



### STORIES MATTER

Respondents in the Southeast are sharing meaningful stories that made a significant impact on their lives and they want others to know.

**49.6%** said the story they shared happened once and 19.8% said it happened once in a while. That means the majority of stories (69.4%) were not day-to-day experiences.

**95.6%** of respondents selected that they would remember their experience for a long time or always.

**44.2%** said their local community or everyone in their area should know about their experience and 46.1% preferred to share their story with immediate family or family and friends. Only 9.7% of respondents said no one should know.

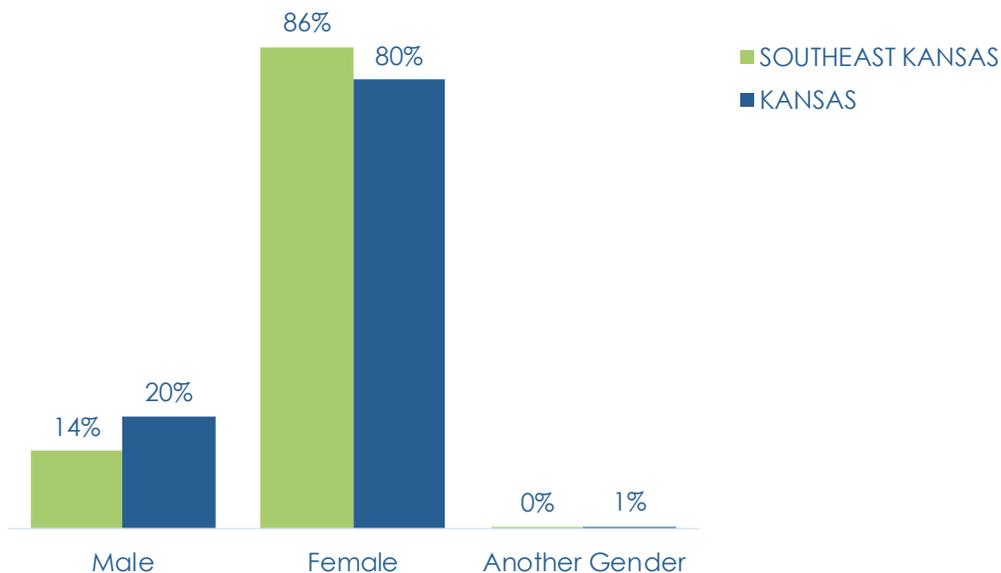
# Southeast Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in Southeast Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of Southeast (N=254) and Kansas statewide (N=2132). As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# Southeast Kansas

## Demographics

### Race (n=254)

Southeast Kansas respondents identified as:

White	<b>86.6%</b>
Black or African American	<b>4.7%</b>
American Indian or Alaska Native	<b>1.6%</b>
Asian	<b>0.4%</b>
Native Hawaiian/other Pacific Islander	<b>0%</b>
Another Race	<b>4.7%</b>
Preferred not to say	<b>2%</b>

Compared to the statewide dataset, the Southeast region had 2.8% fewer Black or African American respondents and 10% more white respondents.

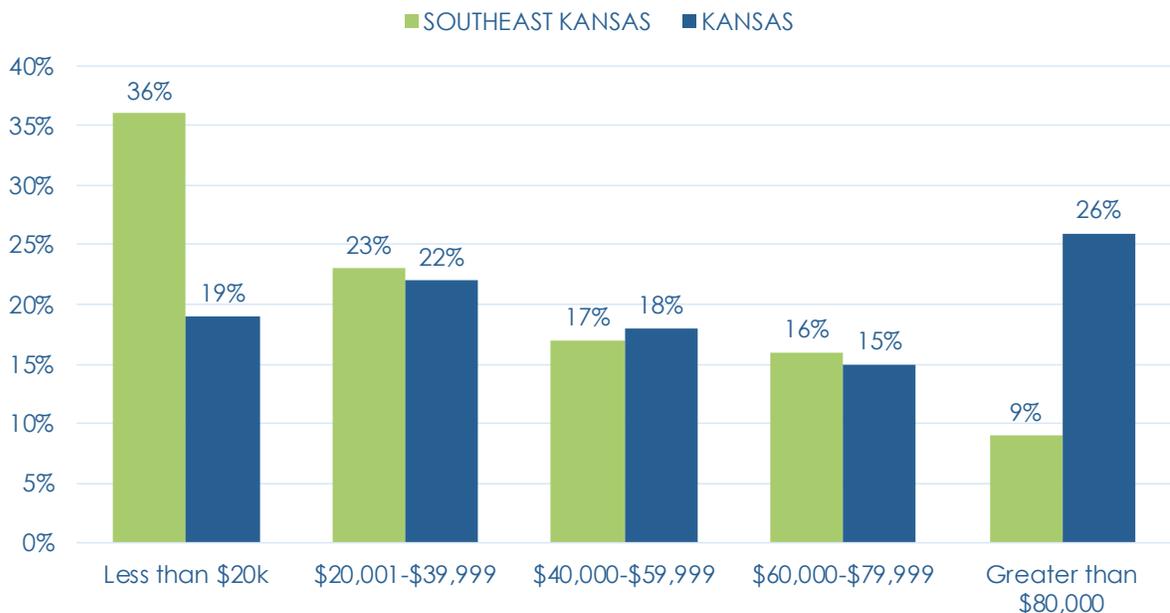
### Ethnicity

Southeast Kansas respondents identified as:

Hispanic or Latino/a	<b>3.1%</b>
Not Hispanic or Latino/a	<b>95.7%</b>
Preferred not to say	<b>1.2%</b>

9.6% fewer Hispanic or Latinx participants in Southeast Kansas shared a story compared to the rest of the state.

### Income



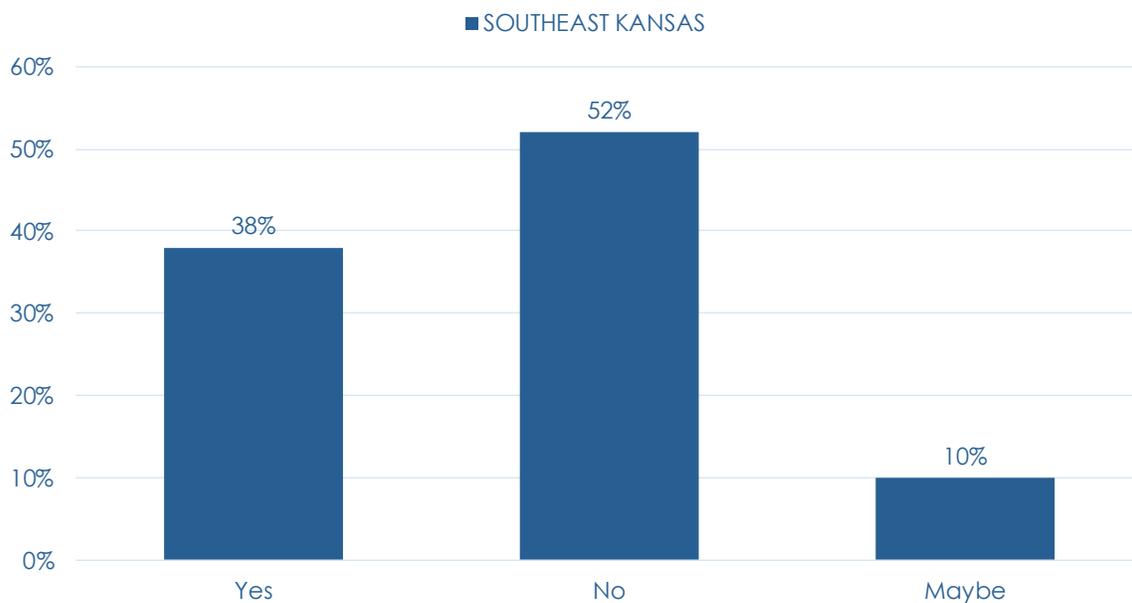


### 38% of Southeast stories included bright spots

96 of 254 stories coded by the Our Tomorrows team.

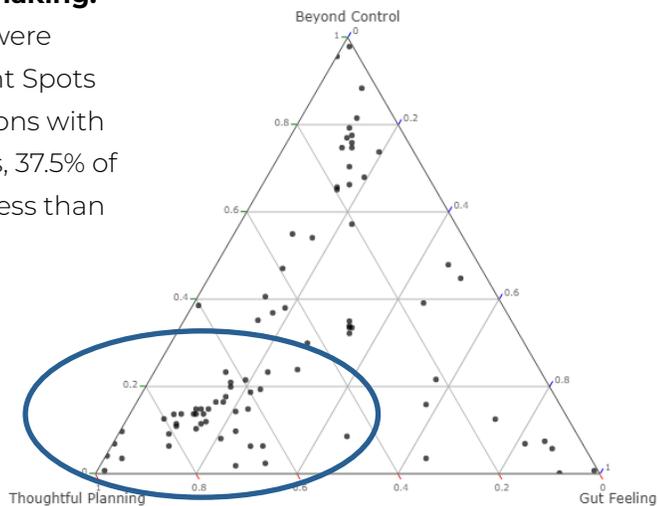
**We have the opportunity to amplify what is working well in Southeast Kansas.**

38% of stories contained Bright Spots.



### Bright Spots emphasized the role of thoughtful planning for decision-making.

In the triangle asking which factors were used to make decisions, 43% of Bright Spots occurred when families made decisions with thoughtful planning. Of those stories, 37.5% of respondents had family incomes of less than \$20,000 a year.



# DISRUPTORS

## 65% of Southeast stories included disruptors

165 of 254 stories coded by the Our Tomorrows team.

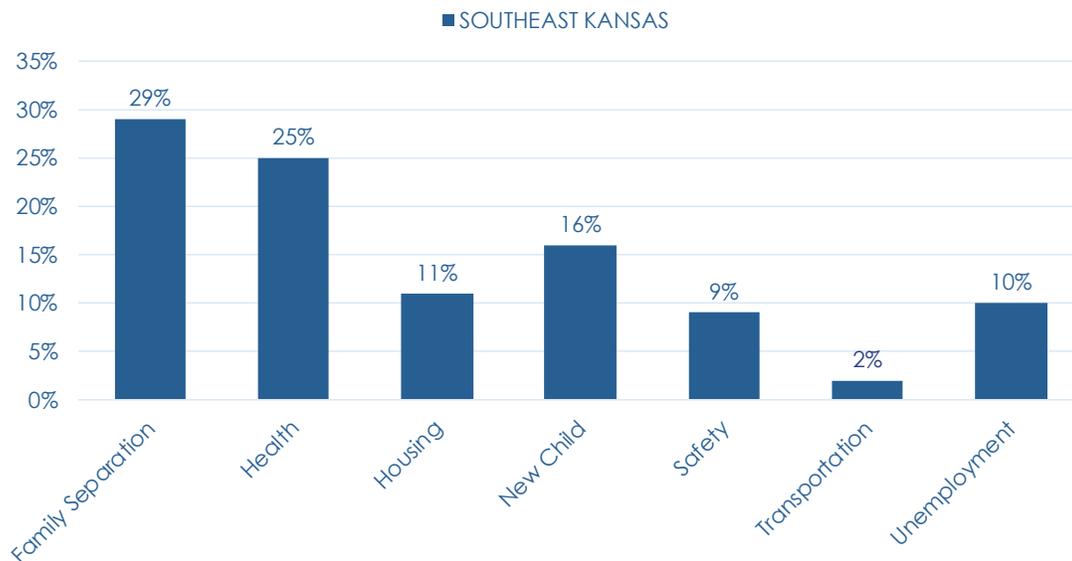
### Family Separation and Health were major disruptors in the Southeast

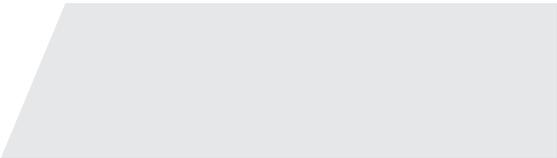
29% of stories coded with Disruptors by the Our Tomorrows team focused on family separation, where families were broken up due to divorce, incarceration, death of a family member, deportation, or children being removed from the home. 25% of stories with Disruptors were about health crises, health care, or ongoing medical problems.

### A new child was also a common Disruptor in the Southeast. 16% of Disruptors were

about adding a new child to the home through either birth, foster care, or adoption.

This is about 3 percentage points higher than in the rest of the state.



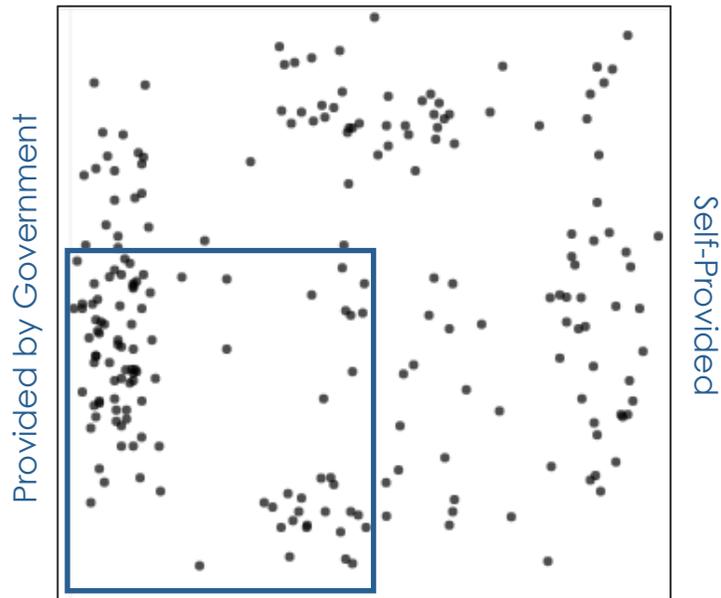


**Families often found it difficult to access healthcare, which was often provided by the government.**

The Health Resources canvas shows a concentration of experiences in the bottom-left where families were not able to access health care or receive adequate service.

### Stones Healthcare

Easy to Access



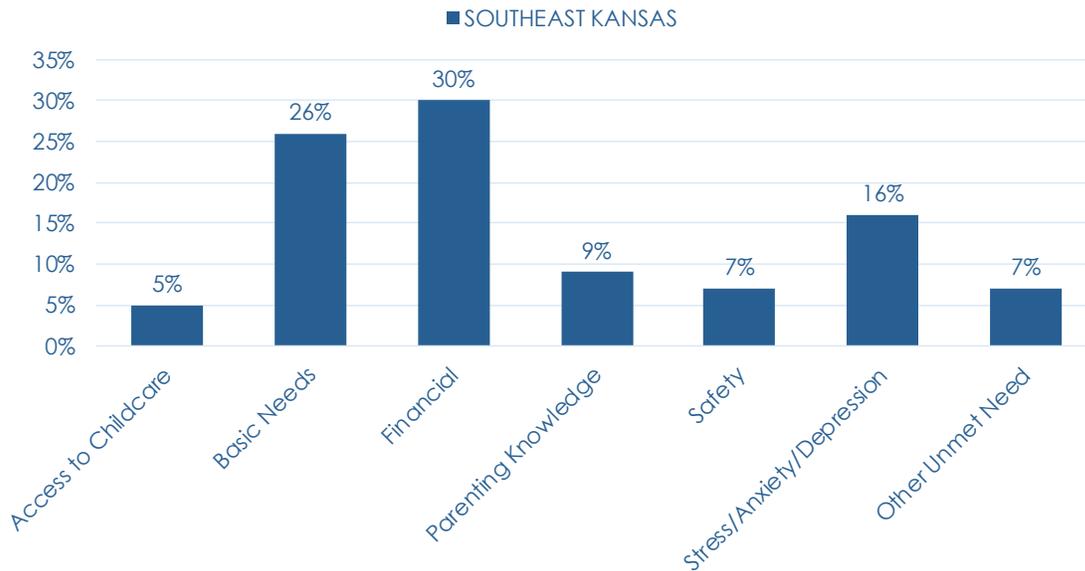
Difficult to Access



## 58% of Southeast Stories Included Unmet Needs

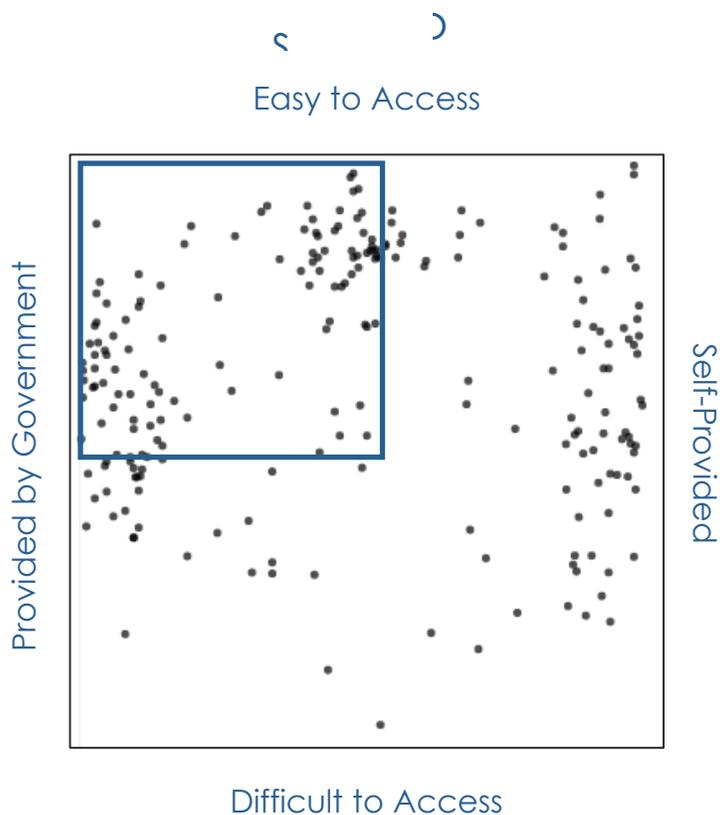
148 of 254 stories coded by the Our Tomorrows team.

**Families experienced financial strain which made it difficult to meet some basic needs.** They experienced high degrees of financial strain and an inability to meet basic needs, indicating a potential lack of economic opportunity and resources in the area. 56% of Unmet Needs referenced living paycheck-to-paycheck or having trouble paying for necessities.





**Food may be the most accessible basic need in Southeast Kansas.** Though basic needs account for 26% of Southeast stories, 74% of respondents in the Southeast indicated that food was easy to access. Of those that marked “easy to access,” 63% said their food was provided by the government on the top-left quadrant of the resources canvas.





## 58% of Southeast stories represented unheard voices

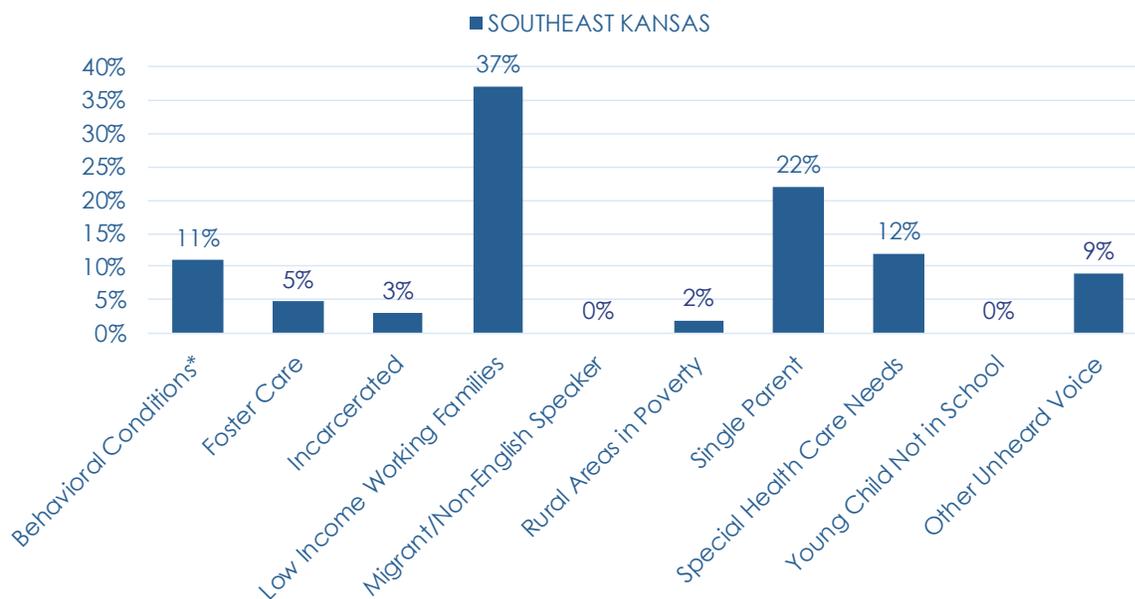
148 of 254 stories coded by the Our Tomorrows team.

### Low income working families, and single parents were well represented in the Our Tomorrows data set.

Low income working families and single-parent households accounted for 59% of all Unheard Voices in Southeast Kansas. 37% of stories were from low income working families and 22% were from people in single-parent households. Many stories shared were about making ends meet.

Of the stories including either low income working families or single parents, 43% of respondents reported their annual family income as less than \$20,000.

N=148



\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions

# Community Sensemaking Workshop

## Notes

July, 19 2019 / Pittsburg, KS

### *Key* **TAKEAWAYS**

Hosted by The Family Resource Center in Pittsburg, Kansas, the Our Tomorrows team held a Community Sensemaking Workshop on Friday, July 19, 2019. 21 service providers and community members in the Southeast region participated, including two parents. They discussed their community's strengths and needs as shown in the Our Tomorrows stories and data. Many participants noted the amount of resilience Southeast Kansas families showed in their stories and the common challenge of accessing childcare.

This was the first regional Community Sensemaking Workshop for the Our Tomorrows project; the team learned how to improve the facilitation of the workshop process and gained insights into which activities are most important for working with a community's stories.

The Our Tomorrows team held another Workshop in Independence on August 30 with the Montgomery County Coalition for Children, Families and Communities. Participants noticed stories from Montgomery and Wilson counties contained more hope and resilience than any other workshop. The stories also sparked conversations about targeting further story collection from families with which they do not normally interact. Additionally, they discussed their community's perception of poverty or the need for resources and individuals' recognition of when local and state resources are available to them.

# Activity SUMMARY

## 1 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

## 2 Background and Demographics

The Our Tomorrows team gave background information about the project and its goals and progress to date. Facilitators then went through results of demographic data from story respondents and how stories were coded into the four themes of Disruptors, Unmet Needs, Unheard Voices, and Bright Spots.

## 3 Predictions

Participants predicted where they expected Southeast Kansans would mark their experiences on the Decisions Triad and Childcare resource canvas. They placed colored adhesive dots on paper canvases that replicated the questions in the Our Tomorrows framework. After showing participants the real data results for those questions, groups discussed the differences or similarities between their expectations and the responses of Southeast Kansans.

## 4 Working with Stories

Participant groups read stories from Southeast Kansas and categorized them into similar themes. They then chose a representative story for each theme identified, and placed that story on a flip charts. The left side of the chart read "More Like This," indicating stories the group wished to see more of, and the right side read "Fewer Like That," which included stories that the groups did not wish to amplify.

Each group gave a summary of their themes and representative story choices to the rest of the participants, and all participants discussed the things surprising to them or the most salient problems they identified from the stories.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

Outlined on the following pages are the themes and patterns that emerged while participants were working with their community's stories. Each page of notes represents the work of one group in the workshop. Each group read and interpreted one "Story Pack" from the Our Tomorrows data set.

On each page, you will see the following:

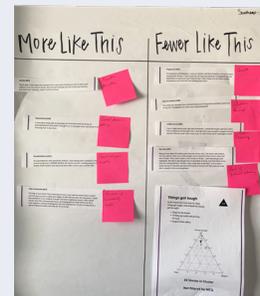
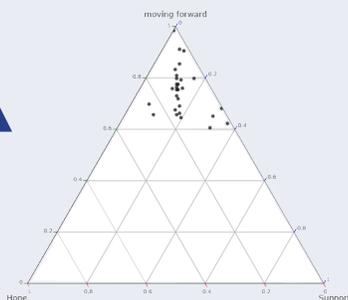
- ★ A title that shows what pattern the group worked with during the "Working with Stories" activity
- ★ A picture of the pattern from the Our Tomorrows SAVVY Dashboard
- ★ An image of the flipchart completed by workshop participants, which includes titles of themes and example stories sorted by "More like this, fewer like that"
- ★ A typed list of the main themes and example stories taken from the flipchart
- ★ A list of Actionable ideas that participants thought could change the patterns that emerged from the stories they read (this activity didn't occur at every regional workshop due to the great conversations that happened in earlier activities)

The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**THINGS GET TOUGH TRIAD**

*Gritting my Teeth and Moving Forward*

In the experience you shared, when things got tough, what helped the family get through?...



**MORE THEMES LIKE...**

**Positive parenting**

*Example: Family*

**Good Success Story**

*Example: Ownership*

**Good Support System**

*Example: Grandchildren*

**Success of Community Model**

*Example: Able to Breathe*

**FEWER THEMES LIKE...**

**Health**

*Example: Pregnant*

**Children Removed**

*Example: Lack of Stability*

**Negative Parenting**

*Example: Single Parent*

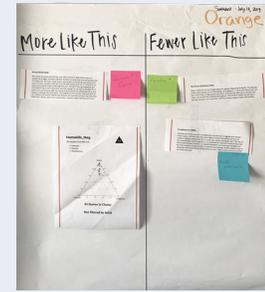
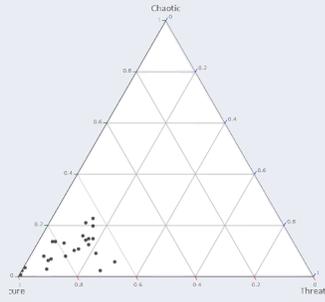
**Lack of Financial Planning**

*Example: Gas Leak*

**HOMELIFE NEGATIVE TRIAD**

*Chaotic*

**In the experience you shared,  
the family's homelife felt...**



**MORE THEMES LIKE...**

**Resilience & Support**  
*A Long Winter*

**FEWER THEMES LIKE...**

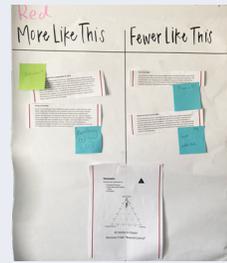
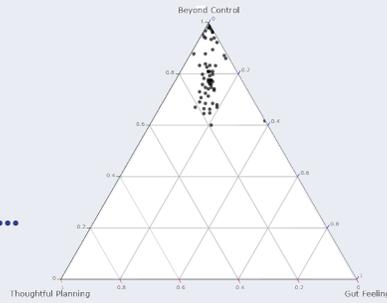
**Parenting**  
*The House of Misclean*

**Health/ Mental Health**  
*Struggling Alone*

**DECISIONS TRIAD**

*Things Beyond the Family's Control*

In the experience you shared, decisions were made based on...



**MORE THEMES LIKE...**

**Addiction**

*Example: Tough Times don't Last, Tough People Do*

**Parenting**

*Example: Hungry Child*

**FEWER THEMES LIKE...**

**Finance**

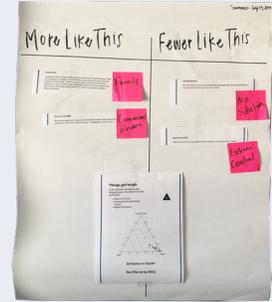
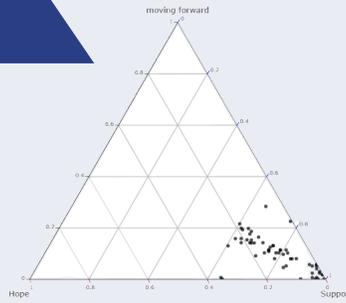
*Example: Slumlords*

**Foster Care**

*Example: Need More Foster Parents*

**THINGS GET TOUGH TRIAD**  
*Support from Others*

In the experience you shared, when things got tough, what helped the family get through?...



**MORE THEMES LIKE...**

**Family**

*Example: Family*

**Community Resources**

*Example: Back on Track*

**FEWER THEMES LIKE...**

**No Solution**

*Example: Sub-poverty*

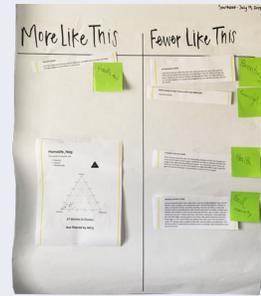
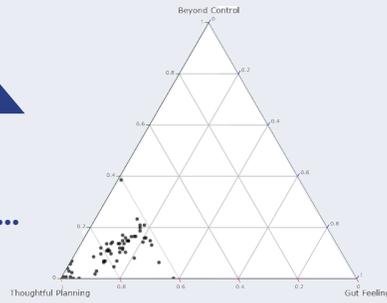
**External control**

*Example: Dang the Luck*

**DECISIONS TRIAD**

*Thoughtful Planning*

In the experience you shared,  
decisions were made based on...



**MORE THEMES LIKE...**

**Happy Ending**

*Example: Changes*

**Positive Stories**

*Example: When Things Go Right*

**FEWER THEMES LIKE...**

**In the Thick of It**

*Example: Family*

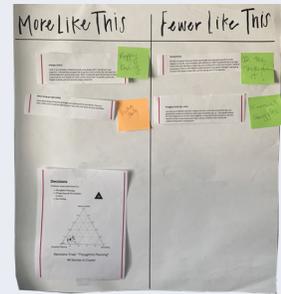
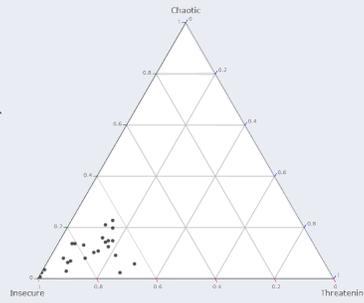
**Financial Struggles**

*Struggles of job loss*

**HOMELIFE NEGATIVE**

*Insecure*

In the experience you shared,  
the family's homelife felt.....



**MORE THEMES LIKE...**

**Needs Met**

*Example: Thankful*

**FEWER THEMES LIKE...**

**Parenting**

*No Interaction*

**Financial**

*Mother Going through a Divorce with Small Child*

**Health**

*A Mother's Journey*

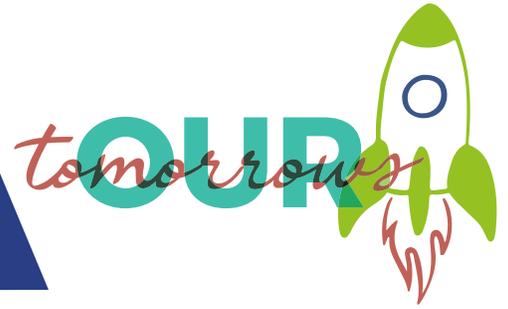
**Food Insecurity**

*Motherly Sacrifice*

## *Important* **CONVERSATIONS**

Most people's favorite part was reading stories from their community and being able to see some of the broader context of what families are experiencing in their area. To some, the stories confirmed circumstances they already knew, while others appreciated the ability to learn more about a family's situation than the small part they may witness as service providers. Especially notable was the extent to which resilience in Southeast Kansas was a highlight and a pleasant surprise.

Participants also emphasized several difficulties that families and service providers have regarding childcare. This includes a lack of training opportunities for staff, financial barriers for families that are just above the threshold to qualify for government support, and flexible care times for parents who work outside of regular business hours.



# Community Profile

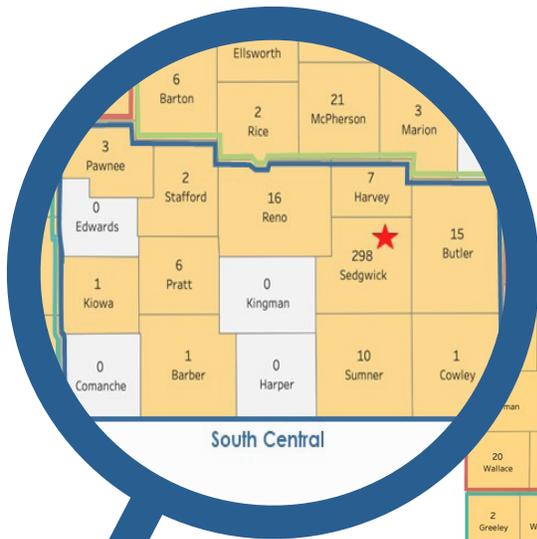
## South Central

**Counties**

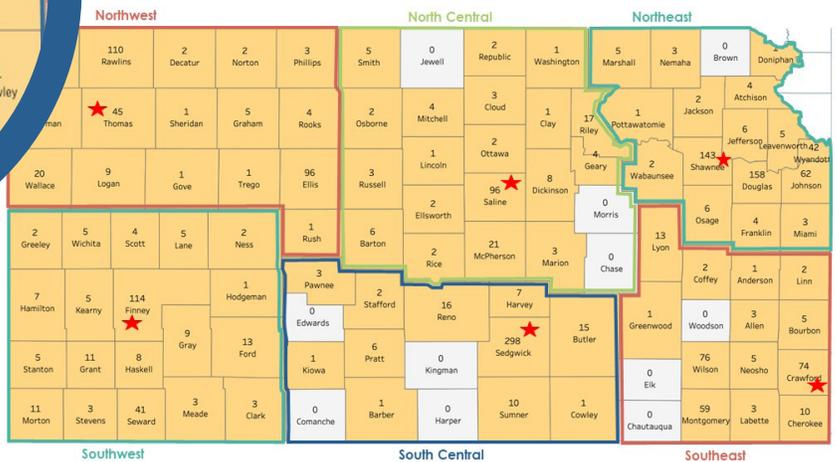
- Pawnee
- Edwards
- Kiowa
- Comanche
- Stafford
- Pratt
- Barber
- Reno
- Kingman
- Harper
- Harvey
- Sedgwick
- Sumner
- Butler
- Cowley



Current South Central Story Count  
**360 stories**



**1892 STORIES SHARED BY KANSANS\***



**Community Action Lab Region Legend**  
 ★ Regional Community Sensemaking Workshop Location

\*2132 Total Stories Shared

# South Central Kansas

## Key Partners and Story Collection Overview

### **Kansas Children's Service League - Wichita (KCSL)**

KCSL has collected stories at over 25 of their Parent Cafés, various community events, and through its fatherhood initiative, 24/7 Dad.



Kansas Children's  
Service League

### **TOP Early Learning Centers**

The TOP Early Learning Center in Wichita collected stories from the parents of children enrolled in their classes and pre-kindergarten programming.



### **Sedgwick County Health Department**

Two interns from the Health Department became Citizen Journalists and collected both English and Spanish-language stories in the Wichita area at health fairs, community centers, and on Wichita State University campus.



### **Greater Wichita YMCA**

The Y collected over 120 stories in two weeks through family events.



### **Child Care Aware**



#### **STORIES MATTER**

Respondents in the South Central Region are sharing meaningful stories that made a significant impact on their lives and they want others to know.

**40.7%** said the story they shared happened only once and 19.9% said the story they shared happens once in a while. That means the majority of stories (60.6%) were not day-to-day experiences.

**77.1%** of respondents selected that they would always remember their experience. This means the stories were impactful and will stick with them.

**36.5%** said everyone in their area should know about their experience. Only 9.6% of respondents said no one should know.

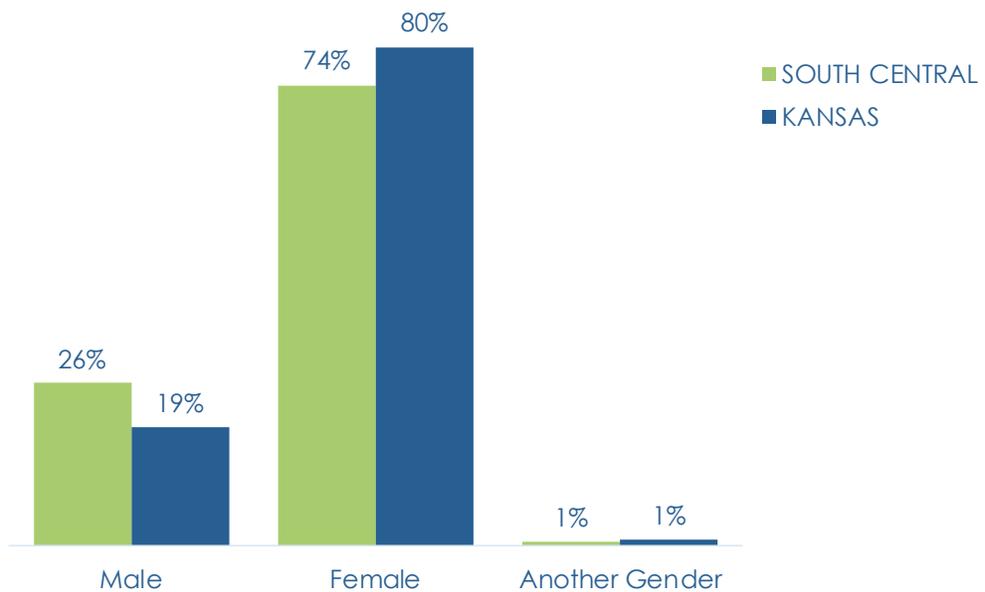
# South Central Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in South Central Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of South Central Kansas (n=360) and statewide (n=2,132). As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# South Central Kansas

## Demographics

### Race (n=360)

South Central Kansas respondents identified as:

White	<b>68.1%</b>
Black or African American	<b>13.3%</b>
American Indian or Alaska Native	<b>3.1%</b>
Asian	<b>0.8%</b>
Native Hawaiian/other Pacific Islander	<b>0%</b>
Another Race	<b>7.5%</b>
Preferred not to say	<b>7.2%</b>

Compared to the rest of the state, the South Central region had 6% more Black or African American respondents

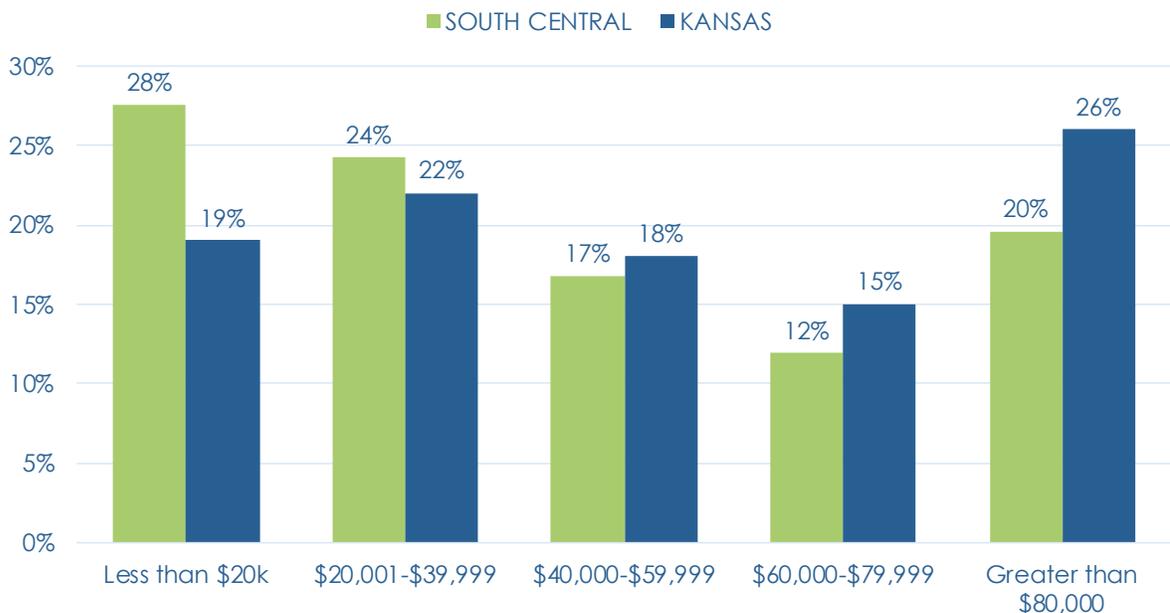
### Ethnicity

South Central Kansas respondents identified as:

Hispanic or Latino/a	<b>15.6%</b>
Not Hispanic or Latino/a	<b>75.0%</b>
Preferred not to say	<b>9.4%</b>

3% more respondents identified as Hispanic or Latinx in the South Central region when compared to the rest of Kansas.

### Income



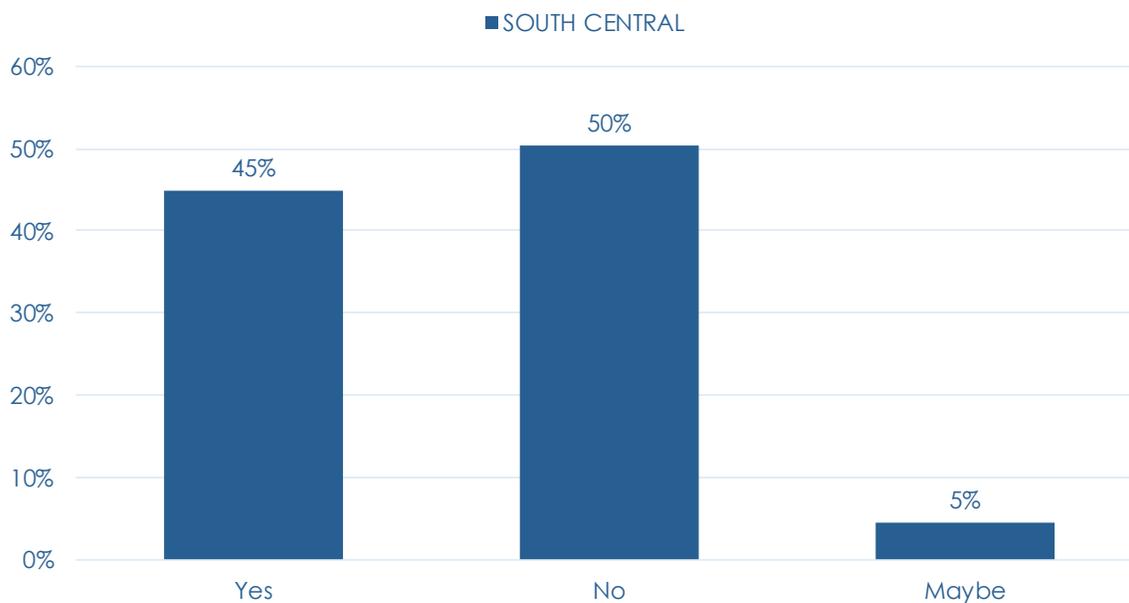


## 45% of South Central stories included bright spots

158 of 351 stories coded by the Our Tomorrows team.

### **There is a lot that is already working in the Early Childhood System in the South Central Kansas.**

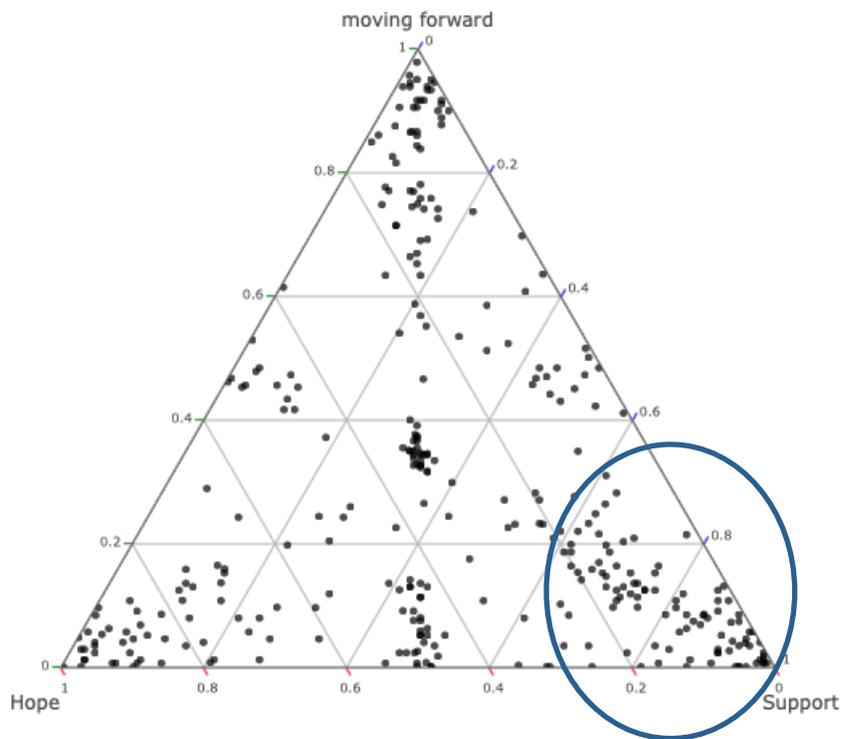
45% of the stories contained Bright Spots as coded by the Our Tomorrows Team.





**When things got tough, families were able to rely on support from others.**

The most predominant clusters of stories in the When Things got Tough Triad was toward the Support from Others corner (30% of stories). By working with Our Tomorrows stories, South Central Kansas can continue to build on this strength.



# DISRUPTORS

## 65% of South Central stories included disruptors

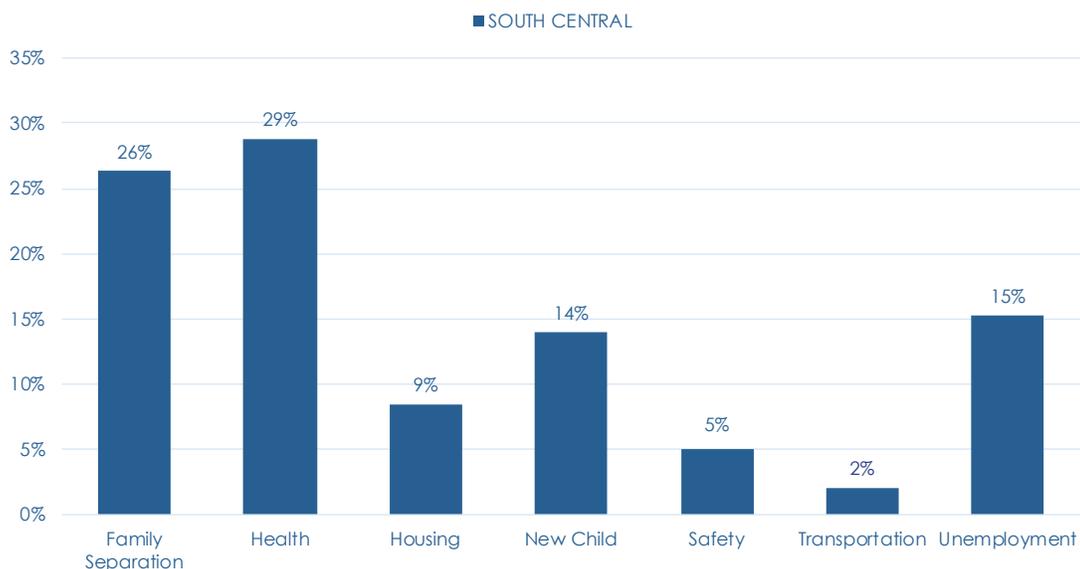
236 of 360 stories coded by the Our Tomorrows team.

### Health and Family Separation were major Disruptors in South Central Kansas.

29% of stories coded with Disruptors by the Our Tomorrows team focused on health crisis, health care, or ongoing medical problems. 26% of stories with Disruptors were about Family Separation, where families were broken up due to divorce, incarceration, death of a family member, or children being removed from the home.

### Unemployment and New Children were also common Disruptors in the South Central Region.

15% of Disruptors were about unemployment or losing a job, about 4 percentage points higher than in the rest of the state. 14% of stories with Disruptors were about adding a new child to the home through either birth, foster care, or adoption.



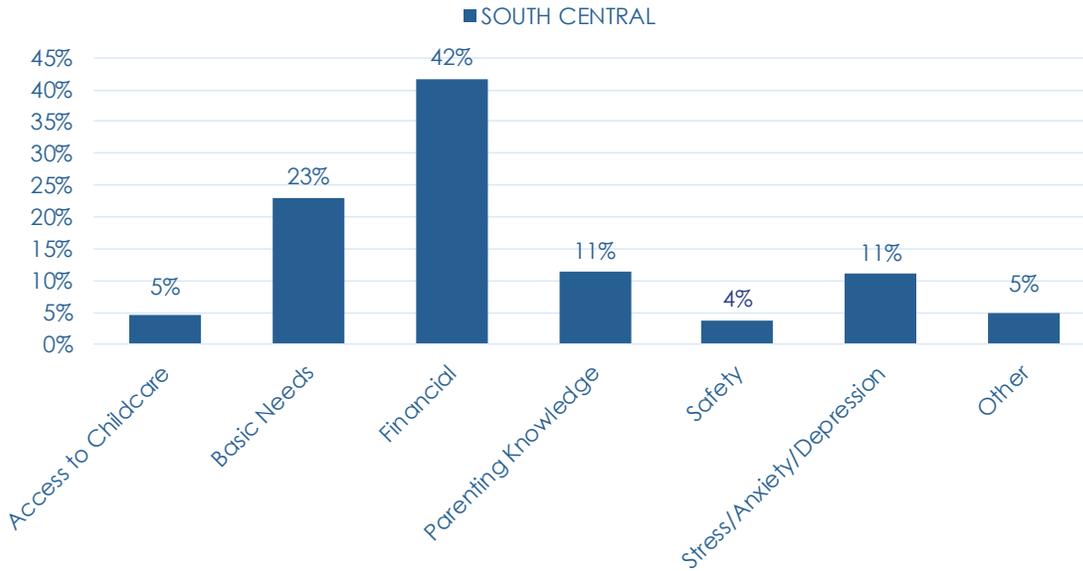


## 66% of South Central Stories Included Unmet Needs

239 of 360 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

### Families in the South Central Region experienced high degrees of financial strain and unmet basic needs.

65% of Unmet Needs coded by the Our Tomorrows team referenced living paycheck-to-paycheck or having trouble paying for necessities. This is almost 8% higher than the rest of the state (34%).





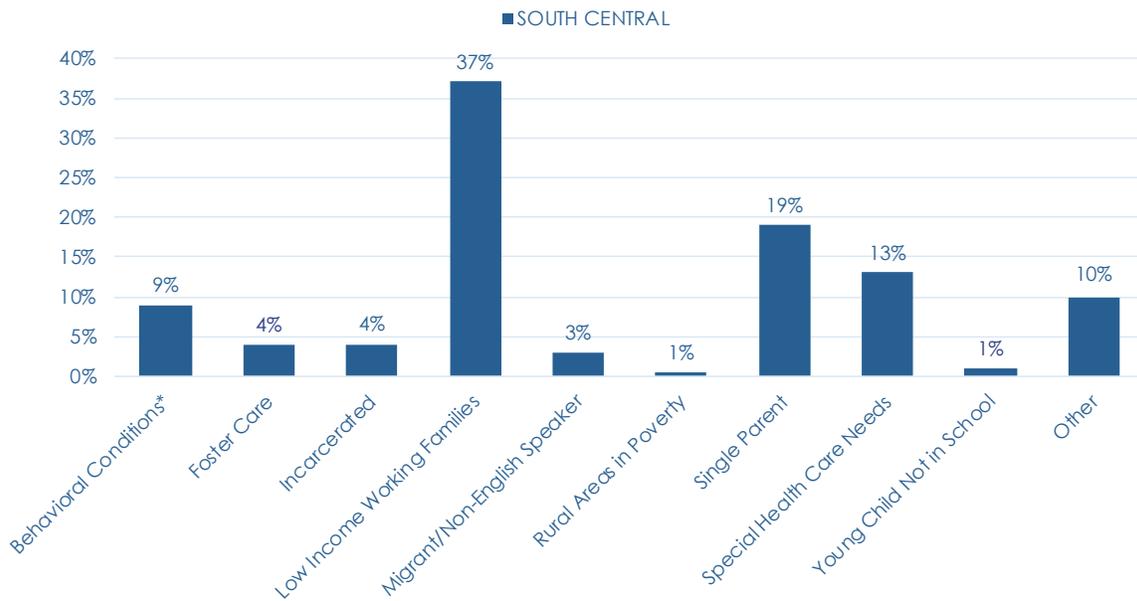
## 51% of South Central stories represented unheard voices

184 of 360 stories coded by the Our Tomorrows team.

### Low income working families and single parents accounted for over half of all Unheard Voices in South Central Kansas.

37% of stories with Unheard Voices were from low income working families while 19% were from single parents.

N=184

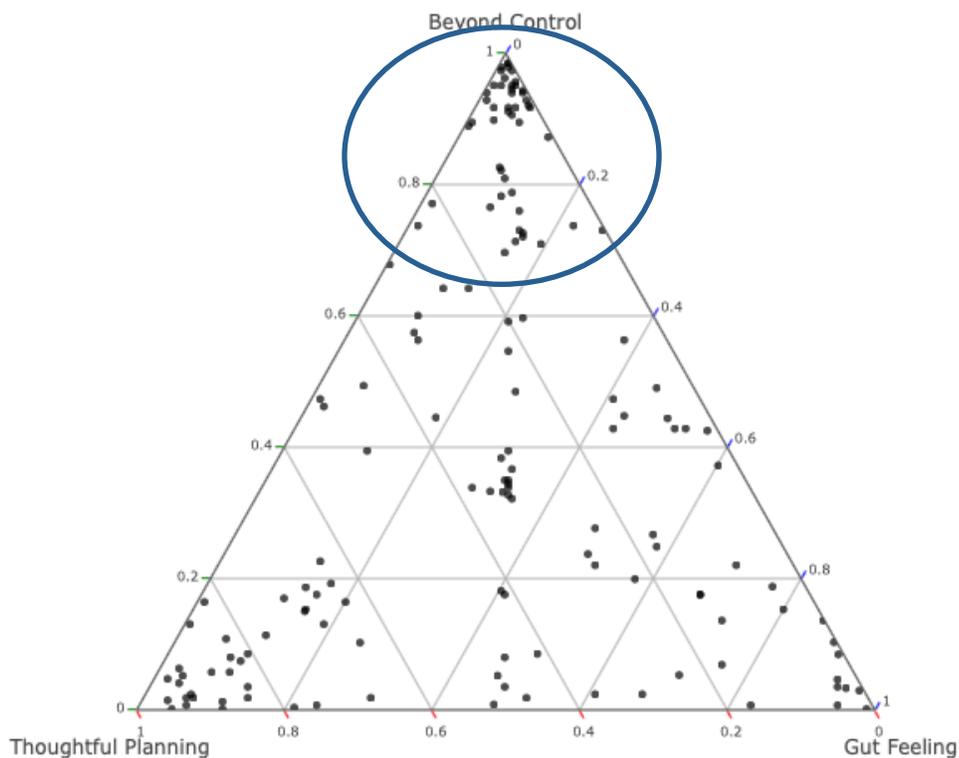


\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions



**People who aren't usually heard or empowered to make systemic changes are also left feeling like they are making decisions based on things beyond their control.**

In the Decisions triangle, the highest density of respondents indicated that they were making decisions beyond their control. Most respondents that marked their stories this way were also low income (under \$40,000 in family income per year).



# Community Sensemaking Workshop

## Notes

August 16, 2019 / Wichita, KS

## *Key* **TAKEAWAYS**

Hosted by the Kansas Children's Service League on August 16, 2019 in Wichita, Kansas, the Our Tomorrows team held a Community Sensemaking Workshop with 26 service providers that support a diverse set of community members and missions, along with several representatives of school districts. The variance in representation offered unique perspectives regarding their community's stories and the generated Actionable ideas.

Participants identified several opportunities to be more intentional about offering support to families they work with, including ways to build community relationships and connect well-meaning, established community members with newcomers who might need guidance or emotional supports.

# Activity SUMMARY

## 1 Introductions and Expectations

Workshop participants introduced themselves and shared what they hoped to learn from stories during the workshop.

## 2 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

## 3 Sensemaking Guide

Participants were introduced to the regional Community Sensemaking Guide highlighting the demographic information of people who shared stories with Our Tomorrows and patterns related to Bright Spots, Disruptors, Unmet Needs, and Unheard Voices.

## 4 Working with Stories

Tables were given a story pack from key patterns found in the stories collected in South Central Kansas. Each table sorted the story pack into groups of similar stories, gave each category/theme a title, and then chose a representative story for the category/theme. The category/theme titles and representative stories were then taped to a flip chart. The left side of the chart read "More Like This," indicating family experiences the group wished to see more of in the future, and the right side read "Fewer Like That," which included family experiences that the groups hoped to see less of in the future.

5 Each small group then discussed three questions: 1. What patterns did you see in your stories? 2. What surprised you? 3. What did you expect to see but didn't? Each group then chose a reporter to share their findings with the large group.

## 6 Moving to Action

Small groups decided on quick, local, and inexpensive Actionables that could change the patterns that were identified during the Working with Stories activity to prepare for Community Action Labs.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

Outlined on the following pages are the themes and patterns that emerged while participants were working with their community's stories. Each page of notes represents the work of one group in the workshop. Each group read and interpreted one "Story Pack" from the Our Tomorrows data set.

On each page, you will see the following:

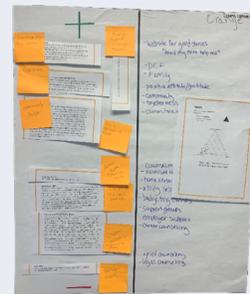
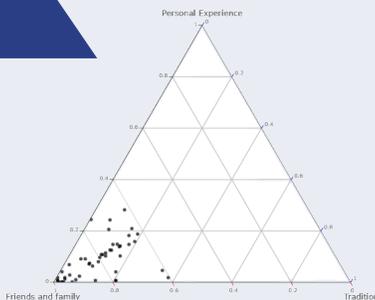
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- ★ A typed list of the main themes and example stories taken from the flipchart
- ★ A list of Actionable ideas that participants thought could change the patterns that emerged from the stories they read (this activity didn't occur at every regional workshop due to the great conversations that happened in earlier activities)

The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**VIEWS TRIAD**

*Friends and Family*

In the experience you shared, views on raising a family were shaped by...



**MORE THEMES LIKE...**

**Overcoming the Odds**

*Example: Thriving at Home*

**Thriving**

*Example: Vacation Time in the Dominican Republic*

**Community Support**

*Example: Community Support*

**Family Support in Tough Times**

*Example: My Story*

**FEWER THEMES LIKE...**

**Mental Health Distress in Home**

*Example: Mental Health*

**Single Parent/ Financial Distress**

*Example: Winter Storm*

**Chronic Conditions/Alone**

*Example: Trying to Cope with Getting Older*

**Family Death**

*Example: Loss*

**ACTIONABLES**

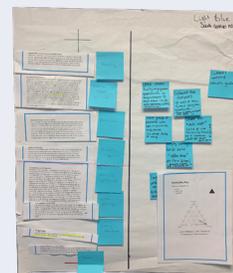
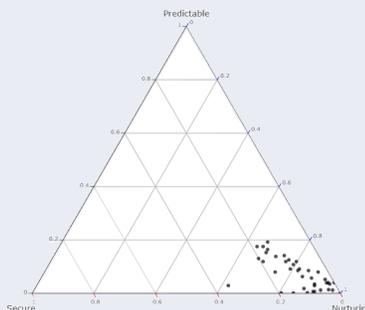
Actionables to change the experience of families in the future.

- ★ DCF
- ★ Positive attitude/gratitude
- ★ Community
- ★ Togetherness
- ★ Commitment
- ★ Counseling
- ★ Increased mental health resources
- ★ Home visiting/ family support
- ★ Budgeting classes
- ★ Support groups
- ★ Employer support
- ★ Career counseling
- ★ Grief counseling
- ★ Legal counseling

**HOMELIFE POSITIVE TRIAD**

*Nurturing*

**In the experience you shared,  
the family's homelife felt...**



**MORE THEMES LIKE...**

**Thriving**

*Example: Vacation Time in the Dominican Republic*

**Someone Stepped up to Help**

*Example: Community Support*

**Persistence**

*Example: Story of Everyday Americans*

**Illness-support**

*Example: Cancer Sucks*

**FEWER THEMES LIKE...**

**Child with Special Needs**

*Example: A Crazy First Years of Life*

**System Challenges**

*Example: Transportation Needs*

**Poverty/ Homelessness**

*Example: Struggle*

**Death**

*Example: Float is Better than Sinking*

**ACTIONABLES**

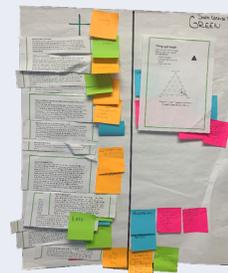
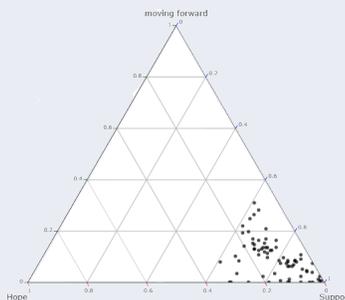
*Actionables to change the experience of families in the future.*

- ★ Updated resources and guides
- ★ Celebrate the helpers- a recognition wall at the YMCA, online board
- ★ Create simple family engagement opportunities so they can connect with each other- Early Learning Centers, programs
- ★ Create groups of parents who can and want to help others, can send asks to them
- ★ Create an “ask” wall like a giving tree, at a location where people trust each other
- ★ Weekly coffee/ bake sale. “coffee shop” at the school. Proceeds support students
- ★ County webinar to share resources

**THINGS GOT TOUGH TRIAD**

*Support from Others*

**In the experience you shared, when things got tough, what helped the family get through?**



**MORE THEMES LIKE...**

**Military Deployment**

*Example: Surviving Military Life*

**Family Support**

*Example: Thriving at Home*

**Substance Abuse/ Recovery**

*Example: From the Bottom to the Top*

**Community Support**

*Example: Excited*

**Immunization**

*Example: Recommending Vaccines and Answering Vaccine Questions for Hesitant Mother*

**Mental Health**

*Example: My ACES are High but My Resiliency is Higher*

**Time Pressure**

*Example: Never Have Time*

**Disruptors**

*Example: Community Support*

**FEWER THEMES LIKE...**

**Loss**

*Example: Family Challenges*

**Health Issues**

*Example: Don't Believe Everything Your Family Tells You*

*Example: VFC Made it Possible*

**Violence**

*Example: Abuse*

**Transportation**

*Example: Transportation Needs*

**Safe Childcare**

*Example: Not Sure About Where to Go or What to Ask*

**ACTIONABLES**

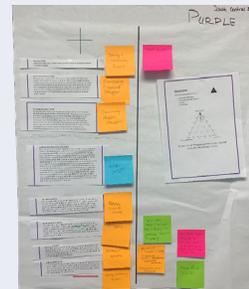
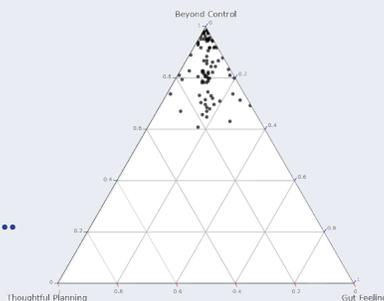
*Actionables to change the experience of families in the future.*

- ★ Educational Classes
- ★ Marketing
- ★ Agency collaboration
- ★ Social media
- ★ Double up org services
- ★ Communication between orgs to share info with clients
- ★ Presentations
- ★ Health promotion and communication between crisis center and school system
- ★ Share materials on violence prevention with schools
- ★ TOP outreach with WIC for scholarships
- ★ Childcare
- ★ Family-friendly workplaces
- ★ Employee survey and resource guide
- ★ Change policies/practices
- ★ Secure public-private partnerships

**DECISIONS TRIAD**

*Things Beyond the Family's Control*

In the experience you shared, decisions were made based on...



**MORE THEMES LIKE...**

**Family and Community Support**  
*Example: My Story*

**Overcoming Financial Struggles**  
*Example: Overcoming Poverty*

**Overcoming Health Struggles**  
*Example: VFC Made It Possible*

**FEWER THEMES LIKE...**

**Health Struggles**  
*Example: Trying to Cope with Getting Older*

**Criminal Justice**  
*Example: DCF Failed Me*

**Financial Struggles**  
*Example: Making ends Meet*

**Homeless/Housing**  
*Example: Help Yourself*

**Lack of Family/Community Support**  
*Example: Military Families*

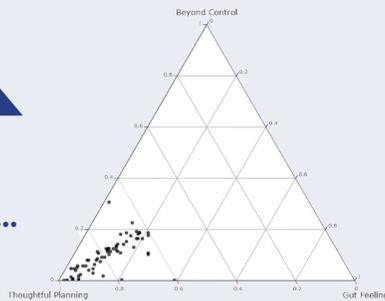
**ACTIONABLES**

*Actionables to change the experience of families in the future.*

- ★ Parents day out
- ★ Work with local financial institutions to increase financial literacy
- ★ Help people pre- eviction so they can preserve their record
- ★ Front porch visits
- ★ Personal communication
- ★ Hutchinson Healthy Neighbors Initiative
- ★ Newcomers Club

**DECISIONS TRIAD**  
*Thoughtful Planning*

In the experience you shared,  
decisions were made based on...



**MORE THEMES LIKE...**

**Grateful and Traveling**

*Example: The Hodges Road Trip*

**Determination**

*Example: Thriving at Home*

**Health**

*Example: God Loves Us*

**Vaccine**

*Example: The Stress of Vaccine to Special Needs*

**Family Support**

*Example: Grateful*

**FEWER THEMES LIKE...**

**Challenges**

*Example: Two Kids with Autism*

**Financial**

*Example: Financial Challenge*

**Alone in Trouble/ Hopeless**

*Example: No One Cares?*

**ACTIONABLES**

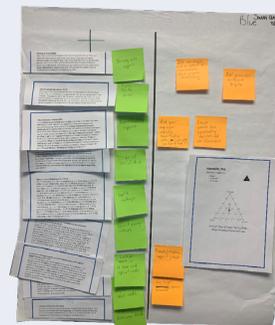
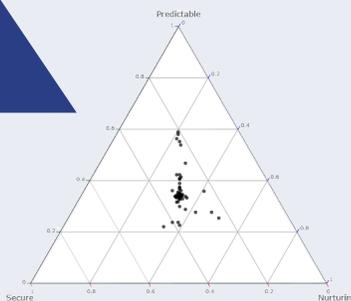
*Actionables to change the experience  
of families in the future.*

- ★ Mentoring
- ★ Resources for family time together (staycation)
- ★ Connections to resources, family/public navigator
- ★ Autism awareness resource/connections
- ★ Easy access to info about resources
- ★ Normalize accessing services
- ★ Case management support group

**HOMELIFE POSITIVE TRIAD**

*Center of Secure, Predictable, and Nurturing*

**In the experience you shared, the family's homelife felt...**



**MORE THEMES LIKE...**

**Thriving with Support**

*Example: Thriving at Home*

**Public Health Works!**

*Example: Vaccine Can Get You Awards*

**Breast Feeding Support**

*Example: Help and Support Matter*

**Unexpected Care of Child**

*Example: 16 and Pregnant*

**FEWER THEMES LIKE...**

**Health Challenges**

*Example: Trying to Cope with Getting Older*

**Lack of Quality Childcare**

*Example: Surviving- Even When Knowing the Importance of Early Childhood Development and Supports*

**Lack of Support for Children with Special Needs**

*Example: Grateful for What Was Available, but I Think There Could be More Done to Support Families in KS*

**Lack of funds/ flexible employment to meet needs**

*New Parents*

**Parent Addiction/ Behavioral Health**

*A Happy Ending with DCF*

**ACTIONABLES**

*Actionables to change the experience of families in the future.*

- ★ Share program info
- ★ Add resources to parent helpline
- ★ Ask employer about breastfeeding policy, even if you don't need it
- ★ Ensure events have breastfeeding facilities and are tobacco free
- ★ Promote/ establish support groups
- ★ Advocate for longer parental leave

# *Important* CONVERSATIONS

*Participants observed the following patterns about the stories in their community:*

- ★ “Thriving” does not necessarily mean the absence of needing assistance or community resources.
- ★ Many positive stories included elements of community connections and support.

*Participants highlighted:*

- ★ For many of the families they work with, sharing a story served as a reckoning and chance to be heard and recognized.

*Participants were surprised about:*

- ★ The lack of stories about transportation and child care.
- ★ How much resilience and resourcefulness respondents’ stories contained.
- ★ The number of stories about chronic health issues and vaccinations in the region.
- ★ The lack of stories about receiving community supports.
- ★ The level of detail and personal information that people shared in their stories.

*Participants expected:*

- ★ To see more financial despair in stories.
- ★ More stories about accessing resources.
- ★ More stories about transportation and child care.



# Community Profile

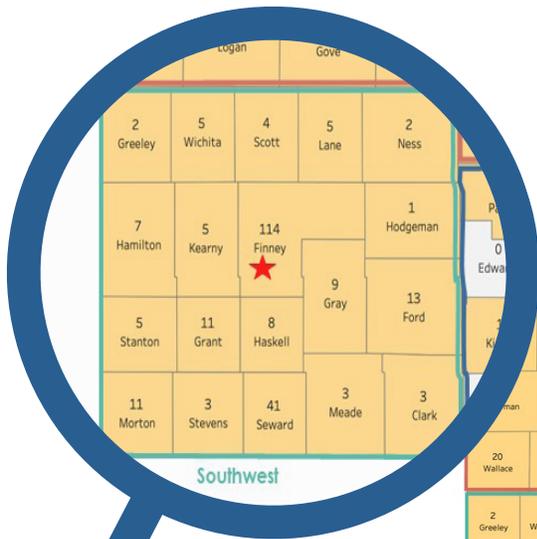
## Southwest

**Counties**

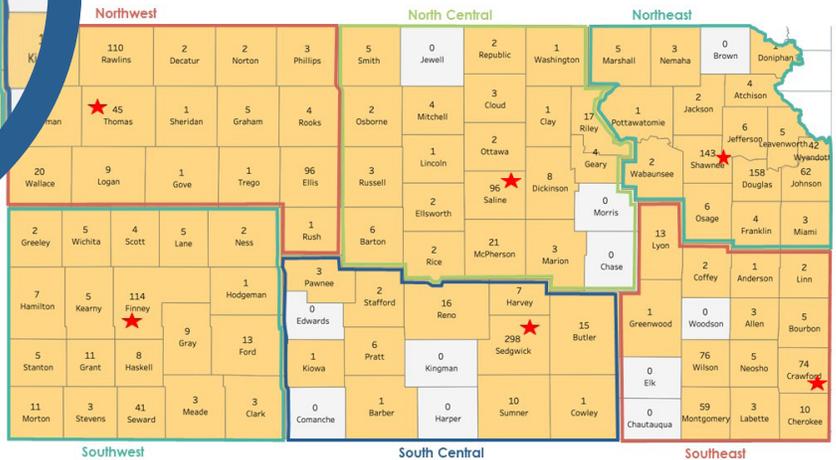
- Clark
- Finney
- Ford
- Grant
- Gray
- Greeley
- Hamilton
- Haskell
- Hodgeman
- Kearny
- Lane
- Meade
- Morton
- Ness
- Scott
- Seward
- Stanton
- Stevens
- Wichita



Current Southwest Story Count  
**252 stories**



**1892 STORIES SHARED BY KANSANS\***



Community Action Lab Region Legend  
★ Regional Community Sensemaking Workshop Location

\*2132 Total Stories Shared

# Southwest Kansas

## Key Partners and Story Collection Overview

Our Tomorrows visited Garden City to participate in visioning exercises for the Early Childhood Systems Building effort on April 8 and 9, 2019. At the Local Interagency Coordinating Council meeting on April 9, Our Tomorrows showcased SenseMaker data and recruited Organizational Partners and Citizen Journalists. All groups listed below joined the project by May 2019.

### **Kansas Children's Service League - Garden City (KCSL)**

On May 31, Our Tomorrows held a Citizen Journalist training during a staff day for KCSL, where 70 people were trained to be story collectors.



### **Russell Child Development Center (RCDC)**

RCDC had a significant story collection spike in July 2019; they collected 65 stories the week of July 15.



### **Child Care Aware**



### **Finney County United Way**



### **STORIES MATTER**

Respondents in the Southwest are sharing meaningful stories that made a significant impact on their lives, and they want others to know.

**27.2%** said the story they shared happened only once and 25% said the story they shared happens once in a while. That means the majority of stories (52.2%) were not day-to-day experiences.

**92.3%** of respondents selected that they would always remember their experience. This means the stories were impactful and will stick with them.

**51.2%** said everyone in their area should know about their experience. Only 5.9% of respondents said no one should know.

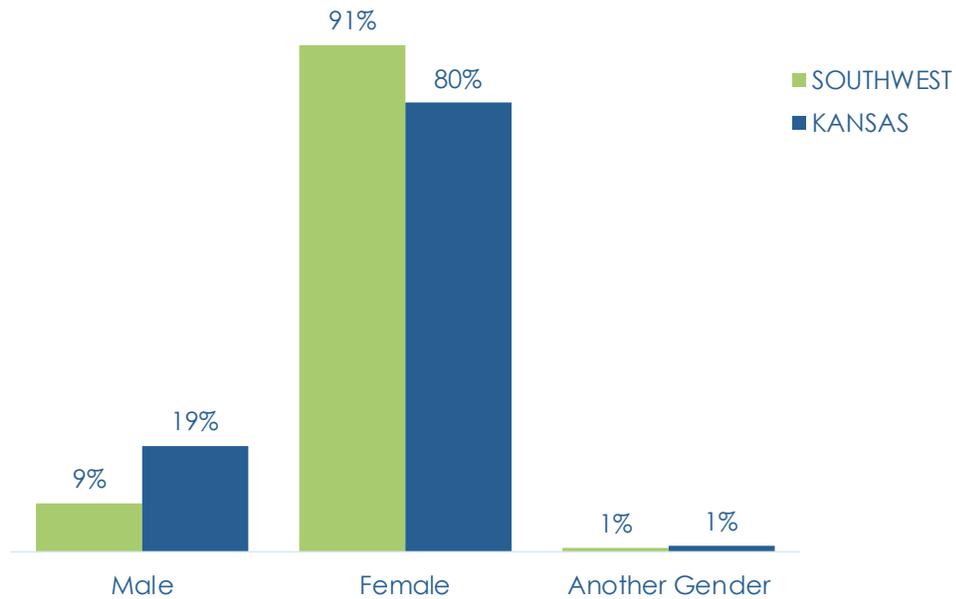
# Southwest Kansas

## Demographics

The following statistics reflect the demographics of people who shared their story in Southwest Kansas. Our Tomorrows data is not generalizable – the patterns we see are only based on those who chose to share their story. In some cases, these demographics will not reflect the actual demographics of the region. Help us by asking people who aren't represented to share their story!

These percentages are determined from the datasets of Southwest Kansas (n=252) and statewide (n=2,132) as of July 23, 2019. As people continue to share stories in your region, story counts and maps published through Our Tomorrows will be updated.

### Gender



# Southwest Kansas

## Demographics

### Race (n=252)

Southwest Kansas respondents identified as:

White	<b>74.2%</b>
Black or African American	<b>2.4%</b>
Asian	<b>1.6%</b>
American Indian or Alaska Native	<b>0.8%</b>
Native Hawaiian/other Pacific Islander	<b>0.4%</b>
Another Race	<b>7.5%</b>
Preferred not to say	<b>13.1%</b>

Compared to statewide, 6.5% more respondents in the Southwest region chose not to share their race.

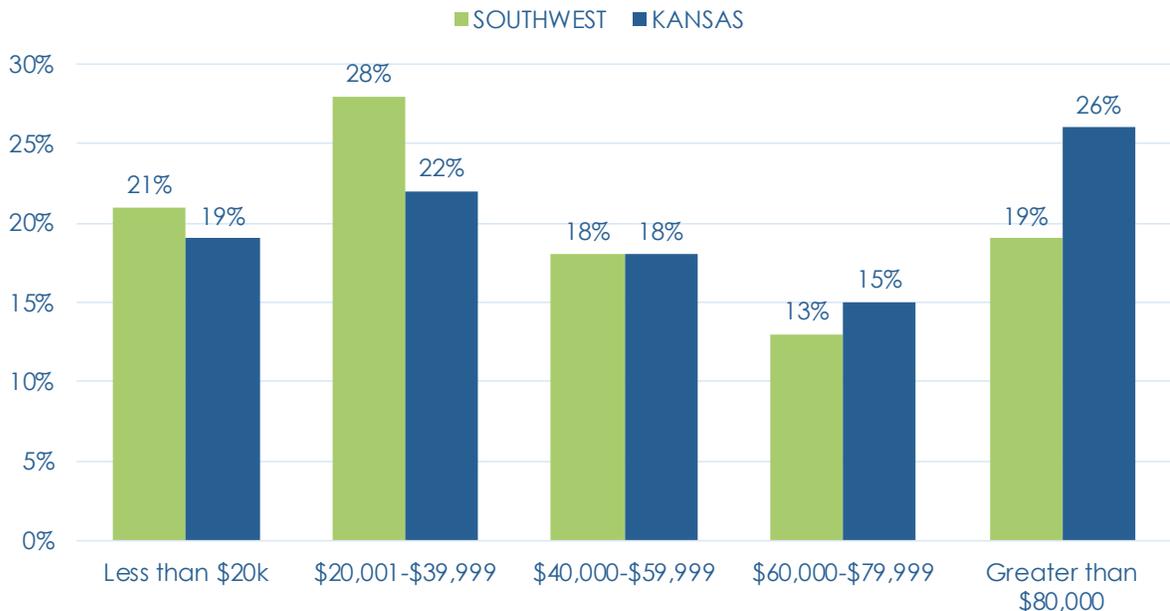
### Ethnicity

Southwest Kansas respondents identified as:

Hispanic or Latino/a	<b>39.7%</b>
Not Hispanic or Latino/a	<b>48%</b>
Preferred not to say	<b>12.3%</b>

25.3% more stories in Southwest were shared by Latino/a people as compared to the rest of the state.

### Income

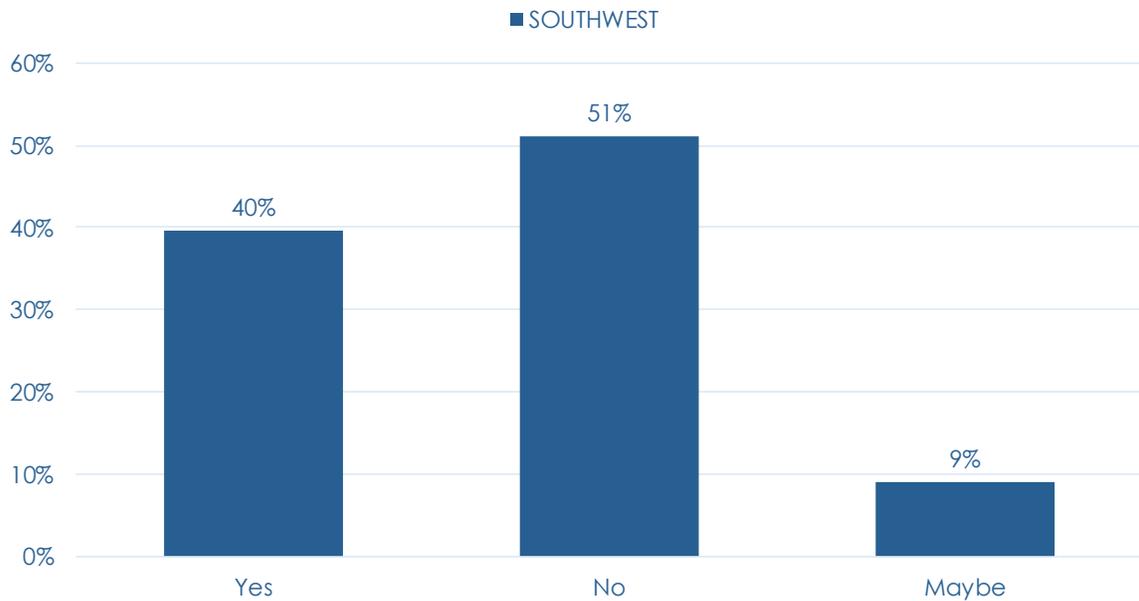




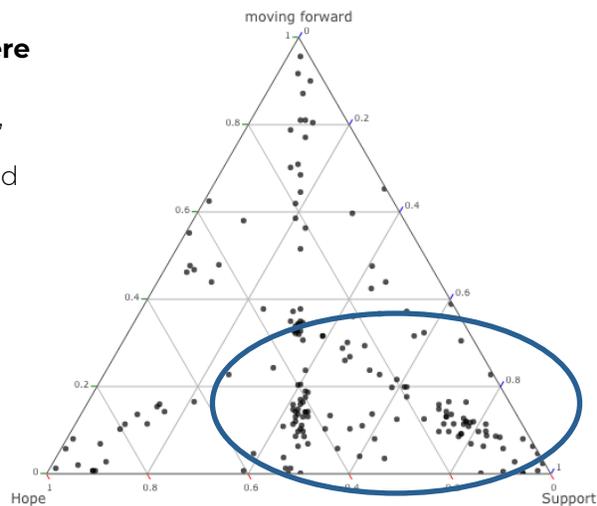
## 40% of Southwest stories included bright spots

100 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

**There is a lot that is already working in the Early Childhood System in the Southwest.** 40% of the stories contained Bright Spots as coded by the Our Tomorrows Team.



**Families received support when they needed in the Southwest and people were more hopeful because of it.** There was a higher density of stories near the “Support” corner and the bottom between “Hope” and “Support” of the triangle that asked “When things got tough, what helped the family get through?” than in the rest of the state. Many stories mentioned the Russell Child Development Center.



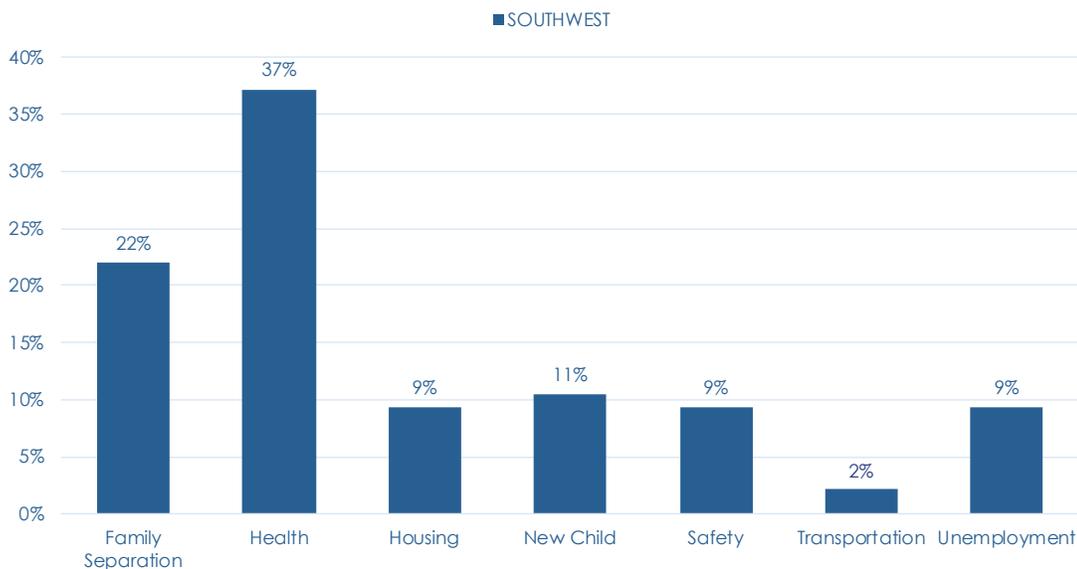
# DISRUPTORS

## 76% of Southwest stories included disruptors

191 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

### Health and Family Separation were major disruptors in the Southwest

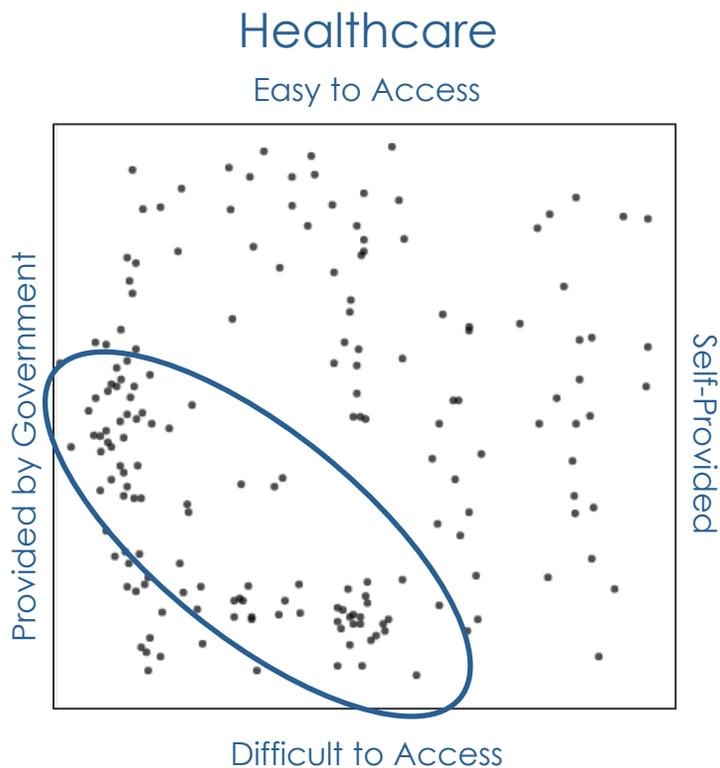
37% of stories coded with disruptors by the Our Tomorrows team focused on health crisis, health care, or ongoing medical problems. 22% of stories with disruptors were about Family Separation, where families were broken up due to divorce, incarceration, death of a family member, or children being removed from the home.



# DISRUPTORS

**Families often found it difficult to access healthcare, which was often provided by the government.**

The Health Resources canvas shows a concentration of experiences in the bottom-left where families were not able to access health care or receive adequate service.

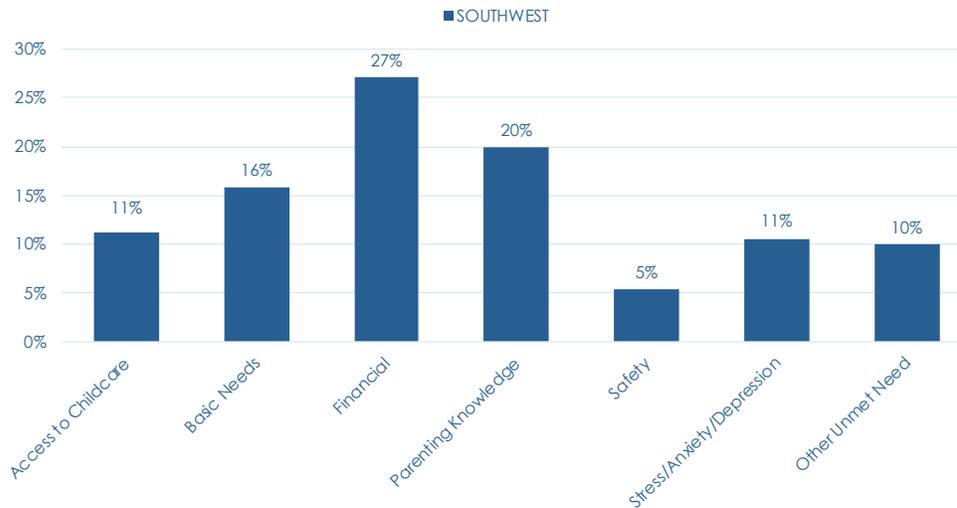




## 67% of Northwest Stories Included Unmet Needs

170 stories coded by the Our Tomorrows team. Some of these needs were met as part of the experience that was shared and are no longer ongoing.

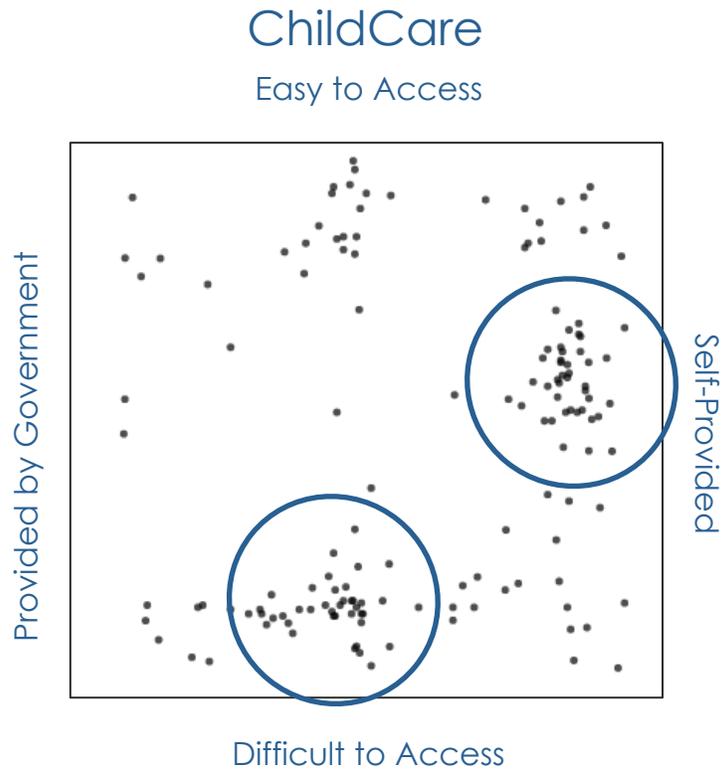
**Families experienced financial strain which made it difficult to meet some basic needs.** 27% of Unmet Needs coded by the Our Tomorrows team referenced living paycheck-to-paycheck or having trouble paying bills. Another 15.6% of stories were about lacking basic needs like housing, food, or medical care.



**Many experiences were about gaps that parents had in parenting knowledge or how to navigate the early childhood system. But often, these needs were met by service providers.** For example, 23% of Unmet Needs coded by the Our Tomorrows team were about families receiving parenting support or home visiting services.



**Childcare was often difficult for families to access.** The Childcare Resource canvas shows that families had difficulty accessing childcare in 60% of stories in the Southwest. Childcare was also self-provided in most of the stories.





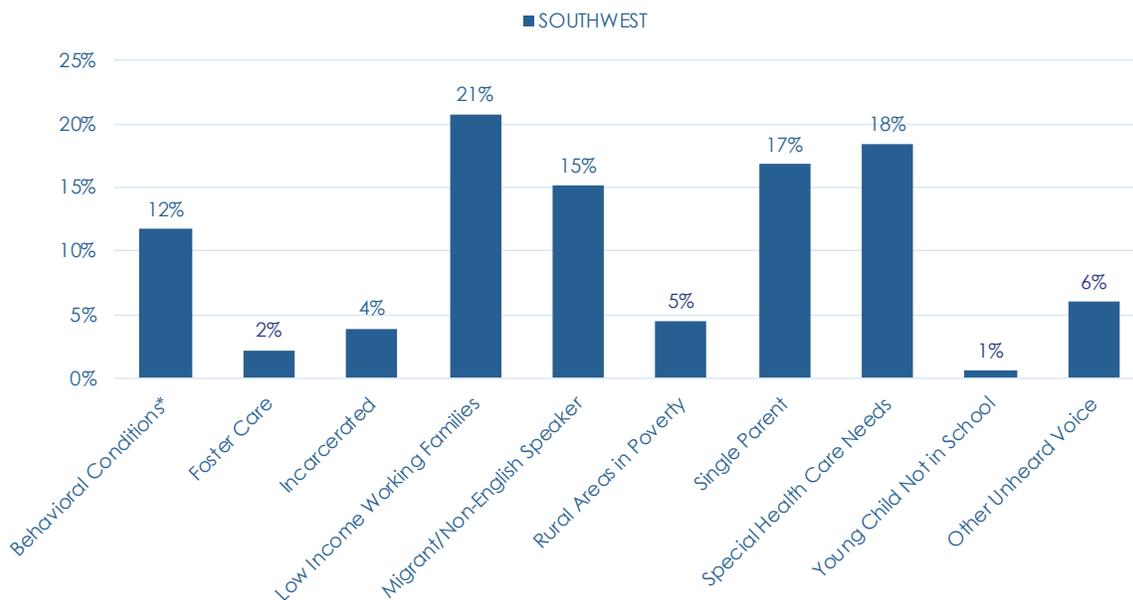
## 71% of Southwest stories included unheard voices

179 of 252 stories coded by the Our Tomorrows team.

### Low income working families, people with special health care needs, and single parents were well-represented in the Our Tomorrows data set.

21% of stories with Unheard Voices were from or about low income working families, 18% were from or about people with special health care needs, and 17% were from or about single parents.

N=179

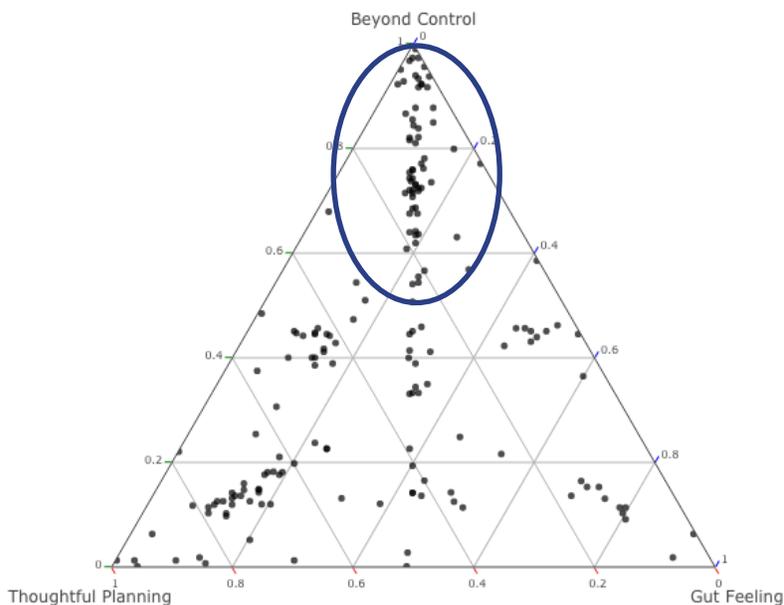


\*Full title of category: Diagnosed Emotional, Behavioral or Developmental Conditions



**People who aren't usually heard or empowered to make systemic changes are also left feeling like they are making decisions based on things beyond their control.**

In the Decisions triangle, the highest density of respondents indicated that they were making decisions beyond their control. Most respondents that marked their stories this way were also low income (under \$40,000 of family income per year).



# Community Sensemaking Workshop

## Notes

July 30, 2019 / Garden City, KS

## Key TAKEAWAYS

Hosted by Finney County United Way on July 30<sup>th</sup> in Garden City, Kansas, the Our Tomorrows team held a Community Sensemaking Workshop with 11 participants. This small group represented key stakeholders in the early childhood system in the region, especially the Russell Child Development Center.

### **There were several themes that emerged from the workshop discussions.**

- ★ Participants emphasized the unique context of Southwest Kansas, where the migrant population and economic activity creates special challenges for social services.
- ★ Many of the stories shared in the Southwest region were from service providers. The workshop discussion centered around the network of providers and how the strength of those connections enabled referrals in frontier counties where distances were long and services few and far-between.
- ★ There was an important conversation about the impact of Immigrants and Customs Enforcement (ICE) on families trying to access services. Many immigrant families had become scared to open the door for home visitors and have withdrawn from services out of fear of deportation.
- ★ The discussion about Actionables tested the concept that small changes could even be impactful in the face of systemic disinvestment in early childhood services. Although the concept of quick, inexpensive, and local Actionables seemed like a small first step, participants thought of some novel ways to engage new partners and families by the end of the workshop.

# Activity SUMMARY

## 1 Introductions and Expectations

Workshop participants introduced themselves and shared what they hoped to learn from stories during the workshop.

## 2 Kansas Early Childhood Journey

Facilitators shared the context of the statewide Early Childhood Systems Building work and the role families' experiences play in shaping the needs assessment and strategic plan for early childhood in Kansas.

## 3 Sensemaking Guide

Participants were introduced to the regional Community Sensemaking Guide highlighting the demographic information of people who shared stories with Our Tomorrows and their community patterns related to Bright Spots, Disruptors, Unmet Needs, and Unheard Voices. A pattern-by-pattern explanation was provided.

## 4 Working with Stories

Tables were given a story pack from key patterns found in the stories collected in Southwest Kansas. Each table sorted the story pack into groups of similar stories, gave each category/theme a title, and then chose an exemplar story that best represented the category/theme. The category/theme titles and exemplar stories were then taped to a flip chart. The left side of the chart read "More Like This," indicating family experiences/patterns the group wished to see more of in the future, and the right side read "Fewer Like That," which included family experiences/patterns the groups hoped to see less of in the future.

## 5 Moving to Action

To prepare for Community Action labs, small groups discussed and developed quick, local, and inexpensive Actionables. These Actionables were designed to be small steps that begin changing the patterns identified during the Workshop.

### *Insights of* **WORKING WITH STORIES**

Each Community Sensemaking workshop is an opportunity for community members to **explore patterns and themes in the ways that families interpreted their experiences**. The sensemaking work completed in these workshops was captured by the Our Tomorrows team so that it can be used to spur new ways of thinking about making change in Community Action Labs.

Outlined on the following pages are the themes and patterns that emerged while participants were working with their community's stories. Each page of notes represents the work of one group in the workshop. Each group read and interpreted one "Story Pack" from the Our Tomorrows data set.

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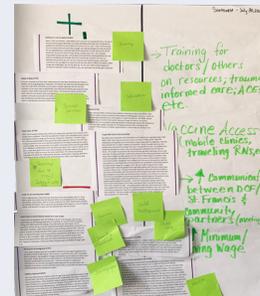
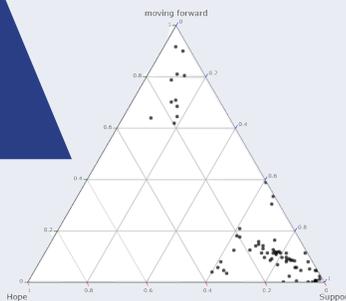
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- ★ A typed list of the main themes and example stories taken from the flipchart
- ★ A list of Actionable ideas that participants thought could change the patterns that emerged from the stories they read (this activity didn't occur at every regional workshop due to the great conversations that happened in earlier activities)

The insights that were uncovered in the Community Sensemaking Workshops can drive big changes!

**THINGS GET TOUGH TRIAD**

*Between Gritting my Teeth and Moving Forward and Support from Others*

**In the experience you shared, when things got tough, what helped the family get through?**



**MORE THEMES LIKE...**

**Poverty**

*Example: Giving Up is Not an Option*

**Education**

*Example: School*

**Social Services**

*Example: Happy Ending*

**Teaching Play and Child Interaction**

*Example: Good News*

**Child Development**

*Example: Tough Well Child Check Up*

**FEWER THEMES LIKE...**

**Finances**

*Example: Needs for the Working Class*

**Family Issues**

*Example: Need Help and Want Help but Cannot do it Right Now*

**Childcare**

*Example: Struggling Parents of 2*

**Immigration**

*Example: Services for all Immigrants*  
*Example: Daddy Departed*

**Health**

*Example: Cost of Vaccines and Healthcare*

**ACTIONABLES**

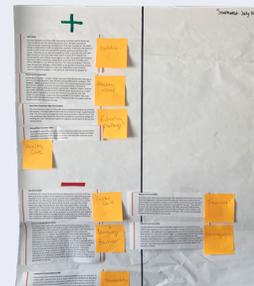
*Actionables to change the experience of families in the future.*

- ★ Training for doctors/ others on resources; trauma-informed care; ACES, etc.
- ★ Vaccine access through mobile clinics, travelling RNs, etc.
- ★ Communication between DCF, hospitals, community partners
- ★ Raise the minimum wage to a living wage
- ★ Parent Support Groups

**CHILDCARE RESOURCE CANVAS**

*Self-provided*

**How do you view the following service or resource reflected in your story...**



**MORE THEMES LIKE...**

**Isolation**

*Example: 2007*

**Health Issue**

*Example: Breaking the Cycle*

**Education Challenges**

*Example: Teen Mom Graduates High School*

**Healthcare**

*Example: Help Getting Insurance*

**FEWER THEMES LIKE...**

**Foster Care**

*Example: New Skills*

**Language barrier**

*Example: Mayan Language Barrier*

**Transportation**

*Example: Inadequate Transportation*

**Financial**

*Example: Rising to the Top*

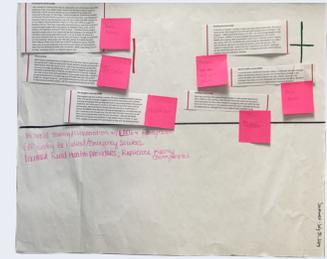
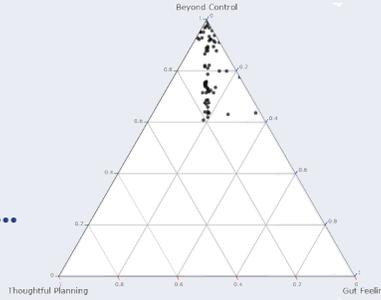
**Immigration**

*Example: Who do I Turn to?*

**DECISIONS TRIAD**

*Things Beyond the Family's Control*

In the experience you shared, decisions were made based on...



**MORE THEMES LIKE...**

**Education**

*Example: Breaking the Cycle*

**Mental Health**

*Example: Mental Health Success*

**Childcare**

*Example: Making it Work*

**FEWER THEMES LIKE...**

**Domestic Violence**

*Example: Blaming the Victim*

**Income**

*Example: Divorce*

**Healthcare**

*Example: My Daughter's Journey*

**ACTIONABLES**

*Actionables to change the experience of families in the future.*

- ★ Increased training/ collaboration with LEO & family crisis
- ★ Gap funding for medical/ emergency services
- ★ Increase rural healthcare providers; replicate Kearny Co Hospital

# *Important* CONVERSATIONS

## *Participants hoped to:*

- ★ Learn how to better connect providers to families via story collection.
- ★ Ensure the voices of childcare providers are heard.
- ★ Understand what needs are being met and what they as providers are missing.
- ★ Find tools to encourage story collectors to slow down and really think about the stories they're sharing.
- ★ Summarize data to explain how Southwest Kansas has problems and needs unique to their region.
- ★ Use the data as a way to see where people are starting from (e.g., low income families unable to afford basic needs, versus overcoming the trauma stopping a person from seeking help to obtain their basic needs).
- ★ Discover the diversity of issues besides the ones visible to providers.

## *Problems they're facing as childcare providers:*

- ★ Story collection looks like "just another thing" for an overworked and understaffed workforce to do.
- ★ Immigrant and Customs Enforcement (ICE) is a significant problem in the region; one provider had to buy large car magnets to make their work vehicles distinct from those of ICE.
- ★ Poor infrastructure.
- ★ Problems with referral follow-through.
- ★ Young people leave the community for better employment opportunities in the eastern part of the state, worsening workforce issues.

## *Participants noted and shared:*

- ★ The most salient issues for the region include abuse/domestic violence, immigration, and transportation.
- ★ It is very difficult to think of the smaller steps to take to make progress towards solving the larger issue when problems are so large.
- ★ Discussion about the Our Tomorrows prompt encouraging BIG stories with BIG problems, making it difficult to isolate the small problems for Actionables.

## Appendix F. Our Tomorrows Reports

- ★ Further interesting discussion on isolating the small steps to change community patterns with an infrastructure example:
  - A problem is lack of transportation. An Actionable could be to use the money from the Community Action Lab to supply bus passes. However, local transit infrastructure is incomplete, then what do you do? It is too big of a problem to solve with \$1,000 or \$2,000.

### *Participants expressed a need for:*

- ★ Additional training for providers.
- ★ Accessible vaccine clinic.
- ★ Gap funding for emergencies.
- ★ Language instruction (Spanish classes, etc.).
- ★ Expanding current resources people are already using.

# What's Next



There are many ways for you to stay involved with Our Tomorrows and help shape the future of families and children in Kansas. Below are a few next steps:

- ★ **Send feedback on workshop notes** to the Our Tomorrows team.
- ★ **Choose a pattern you want to change** in your community.  
Pick from the Our Tomorrows Sensemaking Guide.
- ★ **Plan an Actionable** that relates to the pattern chosen.
- ★ **Submit a Community Action Lab application** for funding.  
Applications accepted beginning September, 2019.
- ★ **Receive funding** up to \$2,000.
- ★ **Try out your Actionable.**
- ★ **Share what you learned** with the Our Tomorrows team.
- ★ **Monitor progress** by continuing story collection with Our Tomorrows.

To apply for an Actionable and to learn more about how Our Tomorrows is using SenseMaker for needs assessments, visit [ourtomorrows.kucppr.org](http://ourtomorrows.kucppr.org).

To learn more about the Kansas Early Childhood Journey, visit [ksearlychildhoodjourney.org](http://ksearlychildhoodjourney.org).

If you have any comments, additions, or perspectives that you would like to add to this Sensemaking Guide, please email them to [ourtomorrows@ku.edu](mailto:ourtomorrows@ku.edu).



## Appendix G. Contributors List

A Deere Place  
Abilene Childcare Learning Center  
Abovo LLC, Kansas City  
AdventHealth Shawnee Mission  
Adventure Vision  
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Atchison Child Care Association  
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Bethel Life Center  
Bright Beginnings Head Start  
Bright Minds Learning Center  
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Harvey County Infant Toddler Services  
Hays Area Children's Center  
Hays Medical Center  
Hays Post  
Hays Public Library  
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Horizons Mental Health Center  
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Independence Public Library  
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Jeffrey Energy Center  
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Johnson County Library  
Johnson County WIC Office  
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Kansas Appleseed  
Kansas Association for Infant and Early  
Childhood Mental Health  
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Kansas Association of Community Action Programs  
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Kansas Board of Regents  
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Kansas Chapter American Academy of Pediatrics  
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Legacy A Regional Community Foundation  
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Little Government Relations  
Little Jayhawkers Daycare  
Lives of Courage  
LiveWell Northwest Kansas  
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Manchester School for Young Children  
Marshall County Health Department  
Mater Dei Catholic School  
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Mulvane Recreation Commission  
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Nonprofit Chamber of Service  
Northeast Kansas Community Action Program  
Northwest Kansas Educational Service Center  
Norton County Hospital  
Observatory of Public Sector Innovation  
OCCK, Inc.  
Office of Kansas State Senator Anthony Hensley  
Office of U.S. Congressman Steve Watkins  
Oklahoma Partnership for School Readiness  
Options Domestic & Sexual Violence Services  
Oral Health Kansas  
Orion Education & Training  
Osborne County Health Department  
Parsons Area Community Foundation  
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Phillips County Economic Development Corporation  
Plymouth Preschool  
Pony Express Infant Toddler Services  
Positive Bright Start  
Prairie Band Potawatomi Head Start  
Primrose School of Shawnee  
Princeton Children's Center  
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Reach tiny-k Infant-Toddler Services  
Reno County Government  
Riley County  
Riverside Clinical Services  
Russell Child Development Center  
Safe Kids Cowley County  
Saint Francis Ministries  
Salina Area United way  
Salina Child Care Association  
Salina Public Library  
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Security Benefit  
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Sedgwick County Zoo  
SEK Interlocal #637 Special Education Services  
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St. Francis Community Services	USD 208 Wakeeney
St. Marks United Methodist Church	USD 229 Blue Valley
Stormont Vail Foundation	USD 230 Spring Hill
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Sunflower Health Plan	USD 232 De Soto
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Tallgrass Consulting	USD 252 Southern Lyon County
TARC	USD 253 Emporia
TDC Learning Centers, Inc.	USD 254 Barber County North
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TogetherTopeka	USD 305 Salina
TOP Early Learning Centers	USD 306 Southeast of Saline
Topeka and Shawnee County Public Library	USD 308 Hutchinson Public Schools
Topeka Community Foundation	USD 309 Nickerson
Topeka Rescue Mission	USD 313 Buhler
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USD 445 Coffeyville	YWCA Northeast Kansas
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USD 453 Leavenworth	
USD 457 Garden City	
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USD 493 Columbus	
USD 494 Syracuse	
USD 497 Lawrence	
USD 499 Galena	
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**Data table for Figure 1. 2,279 stories shared by Kansans**

County	Region	Stories Collected
Cheyenne	Northwest	52
Sherman	Northwest	44
Wallace	Northwest	20
Rawlins	Northwest	110
Thomas	Northwest	45
Logan	Northwest	9
Decatur	Northwest	2
Sheridan	Northwest	1
Gove	Northwest	1
Norton	Northwest	2
Graham	Northwest	5
Trego	Northwest	1
Phillips	Northwest	3
Rooks	Northwest	4
Ellis	Northwest	97
Rush	Northwest	1
Greeley	Southwest	3
Hamilton	Southwest	7
Stanton	Southwest	5
Morton	Southwest	11
Wichita	Southwest	6
Kearny	Southwest	5
Grant	Southwest	12
Stevens	Southwest	3
Scott	Southwest	4
Lane	Southwest	5
Ness	Southwest	2
Finney	Southwest	127
Haskell	Southwest	8
Gray	Southwest	9
Seward	Southwest	41
Meade	Southwest	3
Hodgeman	Southwest	1
Ford	Southwest	13
Clark	Southwest	3
Smith	North Central	5

County	Region	Stories Collected
Osborne	North Central	2
Russell	North Central	3
Barton	North Central	6
Jewell	North Central	1
Mitchell	North Central	4
Lincoln	North Central	1
Ellsworth	North Central	3
Rice	North Central	3
Republic	North Central	3
Cloud	North Central	3
Ottawa	North Central	2
Saline	North Central	101
McPherson	North Central	27
Washington	North Central	1
Clay	North Central	1
Dickinson	North Central	8
Marion	North Central	3
Riley	North Central	21
Geary	North Central	17
Morris	North Central	3
Chase	North Central	1
Pawnee	South Central	3
Edwards	South Central	1
Kiowa	South Central	1
Comanche	South Central	1
Stafford	South Central	2
Pratt	South Central	7
Barber	South Central	1
Reno	South Central	17
Kingman	South Central	2
Harper	South Central	1
Harvey	South Central	9
Sedgwick	South Central	423
Sumner	South Central	10
Butler	South Central	17
Cowley	South Central	2

County	Region	Stories Collected
Marshall	Northeast	5
Pottawatomie	Northeast	2
Wabaunsee	Northeast	4
Nemaha	Northeast	4
Jackson	Northeast	3
Shawnee	Northeast	218
Osage	Northeast	8
Brown	Northeast	1
Doniphan	Northeast	1
Atchison	Northeast	5
Jefferson	Northeast	7
Leavenworth	Northeast	5
Douglas	Northeast	159
Franklin	Northeast	4
Wyandotte	Northeast	66
Johnson	Northeast	69
Miami	Northeast	5
Lyon	Southeast	14
Greenwood	Southeast	1
Elk	Southeast	3
Chautauqua	Southeast	2
Coffey	Southeast	2
Woodson	Southeast	2
Wilson	Southeast	100
Montgomery	Southeast	100
Anderson	Southeast	1
Allen	Southeast	3
Neosho	Southeast	5
Labette	Southeast	3
Linn	Southeast	2
Bourbon	Southeast	6
Crawford	Southeast	78
Cherokee	Southeast	10

## Data table for Figure 2. Community Engagement Session Map

Session City Locations
Garden City
Statewide
Chanute
Fort Scott
Syracuse
Oakley
Goodland
Ness City
Great Bend
Osborne
Junction City
Shawnee Mission
Concordia
Marysville
Hays
Medicine Lodge
Liberal
Dodge City
Topeka
Emporia
Salina
Mulvane
Newton
Wichita
Arkansas City
Atchison
Basehor-Linwood
Topeka
Overland Park
Kansas City
Coffeyville
Baxter Springs
Lawrence
Lawrence
Manhattan
Statewide
Hutchinson
Lawrence
El Dorado
Wichita

**Data table for Figure 3. Percent of total population under age five**

County	Percent of total population under age five
Allen	6.3%
Anderson	6.1%
Atchison	5.9%
Barber	7.7%
Barton	6.4%
Bourbon	7.1%
Brown	7.4%
Butler	6.0%
Chase	5.7%
Chautauqua	5.2%
Cherokee	5.4%
Cheyenne	5.3%
Clark	6.7%
Clay	6.3%
Cloud	6.8%
Coffey	5.3%
Comanche	5.5%
Cowley	6.3%
Crawford	5.9%
Decatur	5.9%
Dickinson	6.5%
Doniphan	5.3%
Douglas	5.4%
Edwards	5.3%
Elk	5.3%
Ellis	6.5%
Ellsworth	5.3%
Finney	9.0%
Ford	9.7%
Franklin	6.0%
Geary	12.2%
Gove	5.8%
Graham	5.2%
Grant	8.3%
Gray	7.4%
Greeley	6.2%

County	Percent of total population under age five
Greenwood	4.5%
Hamilton	8.3%
Harper	6.8%
Harvey	6.5%
Haskell	7.2%
Hodgeman	6.3%
Jackson	6.5%
Jefferson	5.2%
Jewell	4.6%
Johnson	6.6%
Kearny	6.3%
Kingman	5.2%
Kiowa	6.3%
Labette	6.5%
Lane	7.2%
Leavenworth	6.5%
Lincoln	5.0%
Linn	5.4%
Logan	5.8%
Lyon	6.0%
Marion	5.4%
Marshall	6.2%
McPherson	5.9%
Meade	6.9%
Miami	6.0%
Mitchell	6.3%
Montgomery	6.6%
Morris	5.1%
Morton	5.7%
Nemaha	7.4%
Neosho	6.8%
Ness	6.9%
Norton	5.2%
Osage	5.8%
Osborne	6.1%
Ottawa	5.5%

County	Percent of total population under age five
Pawnee	5.2%
Phillips	5.6%
Pottawatomie	8.1%
Pratt	7.9%
Rawlins	5.3%
Reno	5.7%
Republic	5.2%
Rice	6.4%
Riley	6.0%
Rooks	6.4%
Rush	5.2%
Russell	5.9%
Saline	6.7%
Scott	6.9%
Sedgwick	7.4%
Seward	9.1%
Shawnee	6.6%
Sheridan	5.3%
Sherman	7.1%
Smith	5.2%
Stafford	6.0%
Stanton	7.2%
Stevens	8.0%
Sumner	6.2%
Thomas	7.0%
Trego	4.6%
Wabaunsee	6.5%
Wallace	6.6%
Washington	6.3%
Wichita	5.7%
Wilson	6.5%
Woodson	5.7%
Wyandotte	8.3%

**Data table for Figure 4. Percent of children under age five in poverty**

County	Percent of children under age five in poverty
Allen	15.0%
Anderson	15.9%
Atchison	35.5%
Barber	23.7%
Barton	26.2%
Bourbon	32.2%
Brown	19.2%
Butler	15.4%
Chase	15.7%
Chautauqua	10.1%
Cherokee	14.0%
Cheyenne	21.3%
Clark	8.6%
Clay	12.5%
Cloud	17.6%
Coffey	18.2%
Comanche	6.3%
Cowley	24.7%
Crawford	22.5%
Decatur	40.6%
Dickinson	9.6%
Doniphan	23.1%
Douglas	15.3%
Edwards	12.9%
Elk	25.4%
Ellis	19.3%
Ellsworth	12.9%
Finney	24.2%
Ford	25.7%
Franklin	24.7%
Geary	26.9%
Gove	9.2%
Graham	30.8%
Grant	12.4%
Gray	8.5%
Greeley	5.3%
Greenwood	18.1%
Hamilton	24.9%

County	Percent of children under age five in poverty
Harper	24.2%
Harvey	20.3%
Haskell	25.2%
Hodgeman	21.0%
Jackson	15.3%
Jefferson	12.1%
Jewell	41.6%
Johnson	6.8%
Kearny	6.5%
Kingman	14.5%
Kiowa	7.5%
Labette	29.2%
Lane	12.3%
Leavenworth	14.9%
Lincoln	9.7%
Linn	26.2%
Logan	11.2%
Lyon	26.2%
Marion	17.5%
Marshall	17.9%
McPherson	6.6%
Meade	27.4%
Miami	6.7%
Mitchell	23.5%
Montgomery	33.7%
Morris	10.1%
Morton	20.2%
Nemaha	19.9%
Neosho	37.1%
Ness	4.9%
Norton	20.7%
Osage	21.1%
Osborne	29.2%
Ottawa	35.3%
Pawnee	8.8%
Phillips	15.6%
Pottawatomie	11.0%
Pratt	14.1%

County	Percent of children under age five in poverty
Rawlins	0.8%
Reno	22.5%
Republic	14.3%
Rice	21.3%
Riley	16.4%
Rooks	19.3%
Rush	3.7%
Russell	23.6%
Saline	19.9%
Scott	0.3%
Sedgwick	22.0%
Seward	32.9%
Shawnee	22.2%
Sheridan	3.0%
Sherman	26.0%
Smith	32.5%
Stafford	22.6%
Stanton	18.4%
Stevens	39.2%
Sumner	14.7%
Thomas	10.1%
Trego	4.5%
Wabaunsee	2.9%
Wallace	6.7%
Washington	13.1%
Wichita	0.8%
Wilson	28.2%
Woodson	24.9%
Wyandotte	33.5%

**Data table for Figure 8. Estimated capacity of programs and services to serve all children birth to five by Kansas county.**

County	Percentage of program capacity
Allen	79.6%
Anderson	59.0%
Atchison	71.5%
Barber	40.5%
Barton	82.8%
Bourbon	55.7%
Brown	56.6%
Butler	65.3%
Chase	52.9%
Chautauqua	57.9%
Cherokee	80.8%
Cheyenne	63.1%
Clark	55.4%
Clay	90.2%
Cloud	97.9%
Coffey	76.6%
Comanche	45.8%
Cowley	57.5%
Crawford	84.5%
Decatur	41.8%
Dickinson	61.9%
Doniphan	74.5%
Douglas	72.9%
Edwards	74.2%
Elk	14.5%
Ellis	89.7%
Ellsworth	100.6%
Finney	46.7%
Ford	42.1%
Franklin	63.3%
Geary	32.7%
Gove	83.7%
Graham	78.2%
Grant	65.8%
Gray	50.1%

County	Percentage of program capacity
Greeley	78.7%
Greenwood	79.7%
Hamilton	48.4%
Harper	71.5%
Harvey	55.5%
Haskell	42.2%
Hodgeman	66.4%
Jackson	65.0%
Jefferson	77.4%
Jewell	52.6%
Johnson	82.0%
Kearny	79.3%
Kingman	59.3%
Kiowa	60.4%
Labette	75.0%
Lane	48.4%
Leavenworth	52.1%
Lincoln	77.4%
Linn	81.9%
Logan	92.5%
Lyon	75.7%
Marion	61.2%
Marshall	132.0%
McPherson	64.2%
Meade	53.7%
Miami	76.1%
Mitchell	98.7%
Montgomery	75.3%
Morris	86.4%
Morton	51.2%
Nemaha	99.7%
Neosho	84.4%
Ness	79.6%
Norton	84.9%
Osage	66.9%

County	Percentage of program capacity
Osborne	53.5%
Ottawa	84.2%
Pawnee	98.0%
Phillips	68.4%
Pottawatomie	77.6%
Pratt	51.9%
Rawlins	85.7%
Reno	68.1%
Republic	116.0%
Rice	66.4%
Riley	65.5%
Rooks	77.1%
Rush	77.9%
Russell	71.5%
Saline	84.2%
Scott	80.2%
Sedgwick	56.3%
Seward	50.4%
Shawnee	71.0%
Sheridan	116.5%
Sherman	63.2%
Smith	89.0%
Stafford	77.0%
Stanton	63.2%
Stevens	43.4%
Sumner	57.5%
Thomas	82.8%
Trego	112.9%
Wabaunsee	73.0%
Wallace	36.2%
Washington	106.5%
Wichita	32.3%
Wilson	64.9%
Woodson	78.5%
Wyandotte	48.0%

## ENDNOTES

- 1 For the purposes of this Needs Assessment, we use the Kansas Department of Health and Environment definition of peer groups, which groups counties with similar population density into five categories. Frontier counties are defined as those with fewer than 6.0 persons per square mile, Rural counties as those with 6.0-19.9 persons per square mile, Densely Settled Rural counties as those with 20.0-39.9 persons per square mile, Semi-Urban counties as those with 40.0-149.9 persons per square mile, and Urban counties as those with 150.0 or more persons per square mile.
- 2 Kansas early childhood care and education programs and services serve children birth through five. However, available population and indicator data, such as U.S. Census data, reflect children ages birth to five. Unless otherwise indicated, demographic data and capacity estimates are based on children ages birth to five. For this reason, we note when demographic data reflect children birth through five.
- 3 USCB, 2017 American Community Survey - 1 Year Estimates
- 4 Center for American Progress, Do You Live in a Child Care Desert? [Kansas Data Set], 2017.
- 5 Child Care Aware of Kansas and Kansas Department for Children & Families, Child Care Supply Demand Report, 2018.
- 6 USCB, 2017 American Community Survey - 1 Year Estimates
- 7 Kansas Action for Children, 2018 Kansas KIDS COUNT
- 8 Department of Health & Human Services, Administration for Children & Families, Early Childhood Homelessness in the United States: 50 State Profile
- 9 Kansas Department for Children and Families, Foster Care Reports, FY 2019
- 10 Maternal Child Health Bureau, 2017 National Survey of Children's Health
- 11 Migrant Education Program, Migrant Education Program Comprehensive Needs Assessment, 2016
- 12 USCB, My Tribal Area
- 13 USCB, 2017 American Community Survey - 1 Year Estimates
- 14 Kansas Department for Health and Environment, 2017 Kansas Annual Summary of Vital Statistics
- 15 Kansas Action for Children, 2018 Kansas KIDS COUNT
- 16 Child Trends & Zero to Three, State of Kansas Babies, Yearbook 2019
- 17 Kansas Health Foundation, 2018 Data Book.
- 18 Family Child Care includes Licensed Day Care Home: A child care facility in which care is provided for a maximum of 10 children under 16 years of age; Group Day Care Home: A child care facility in which care is provided for a maximum of 12 children under 16 years of age; Child Care Centers: A child care facility in which care and educational activities are provided for 13 or more children, 2 weeks to 16 years of age, for more than three hours and less than 24 hours per day, including daytime, evening, and nighttime care, or which provides before- and after-school care for school-age children; Preschools: A child care facility that provides learning experiences for children who have not attained the age of eligibility to enter kindergarten and that conducts sessions not exceeding three hours per session; that does not enroll any child more than one session per day; and that does not serve a meal (KDHE Licensing Definitions).
- 19 Child Care Slots data come from the Kansas Department of Health and Environment (KDHE)(CITATION: Kansas Statistical Abstract 2018) and are a combination of subsidized and unsubsidized slots for Child Care Centers, Group Day Care Homes, and Licensed Day Care Homes; unsubsidized slots may serve children under 16 years of age; Data for child care subsidies come from Child Care Aware of Kansas (CITATION: 2018 Child Care Supply Demand Report); subsidized slots include children under six; Data for licensed Head Start slots come from the Kansas Department of Health and Environment (KDHE)(CITATION: Kansas Statistical Abstract 2018); Head Starts serves three- and four-year-old children.
- 20 Evidence-Based Home Visiting data counts the number of families with children prenatal through age five and come from KDHE and KCCTF; data represent the most recent reporting year: KCCTF HV (July 2018-June 2019), KDHE MIECHV (October 2017-September 2018), other KDHE HV (July 2018-June 2019).
- 21 KDHE Licensed Preschool Capacity counts include children 30 months old until kindergarten entry enrolled in an early childhood education facility outside of the public school system; preschool includes education preschools, Montessori schools, nursery schools, church-sponsored preschools, and cooperatives; data for preschool slots come from the Kansas Department of Health and Environment (KDHE)(CITATION: Kansas Statistical Abstract 2018); School District-Sponsored Preschool is programs intended to reach four-year-olds, with slots set aside specifically to reach four-year-olds who meet at-risk criteria; data come from the Kansas State Department of Education (KSDE) and is the number of students in Pre-K enrolled in public schools for the 2018-2019 school year.
- 22 Part C is a statewide unduplicated count of children under three served in Part C for state fiscal year (SFY) 2018 (July 2017-June 2018); data come from the state Part C database managed by KDHE; Part B data come from the Kansas State Department of Education (KSDE) and is a count of children three-five years old enrolled in Part B as of December 1, 2018.
- 23 Center for the Study of Child Care Employment, Early Childhood Workforce Index, 2018
- 24 Kansas Early Childhood Systems Building Environmental Needs Survey, 2019
- 25 Kansas Department of Health and Environment, 2018 Kansas Pregnancy Risk Assessment Monitoring System, 201
- 26 Early Childhood Data Collaborative (2018) State of Early Childhood Data Systems

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