

An Assessment of Services for Children and Families in New Hanover County



**PREPARED FOR THE NEW
HANOVER COMMUNITY ENDOWMENT**
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Executive Summary

Children's early experiences are shaped by the care, relationships, and resources available to them and their families. Child care, early intervention, maternal and infant health care, housing, food access, and transportation all influence children's development. The New Hanover Community Endowment commissioned NC Child to conduct an early childhood needs assessment and develop strategies to strengthen New Hanover County's early childhood system. This report examines child care, child development, maternal and infant health, and the social conditions that affect children and families.

Phase I of the New Hanover County Early Childhood Landscape Analysis, conducted from January through March 2026, examined local indicators of child outcomes, provider capacity, workforce conditions, and system performance. Phase II, conducted from April through June 2026, added focus groups with parents, child care teachers, and directors, as well as interviews with community leaders and service providers. Conversations with state and national experts informed the strategies presented at the end of the report.

New Hanover County performs above the state average on several broad early childhood measures, but countywide results do not fully capture families' experiences. Child care remains difficult to find and afford. Infant care costs more than 10% of the median income of married couples in the county, exceeding the federal affordability benchmark of 7%. The burden is greater for single parents: approximately 26% of median income for single fathers and nearly 35% for single mothers. Parents described long waitlists, limited information about openings and tuition, and few options that accommodate non-traditional work hours.

Since 2019, the county has experienced a net loss of 10 licensed child care programs, an 11.9% decline. Among the 36 programs that responded to NC Child's January 2026 provider survey, 69.4% reported maintaining a waitlist. Yet enrollment filled only 59.4% of licensed capacity. Providers described classrooms that could serve more children but remain closed because they lack sufficient staff. Survey respondents estimated that they could collectively serve 774 additional children if staffing barriers were resolved. This figure reflects the responding programs, not a countywide projection.

Financial pressures make those staffing barriers difficult to address. For infants in five-star centers, the report estimates that subsidy reimbursements cover 56.5% of the cost of care, leaving a gap of approximately \$946 per infant each month. Directors described balancing rising operating costs against tuition that families can afford. Teachers described low wages, inconsistent benefits, limited planning time, and burnout. Parents recognized the need to pay educators more while questioning how their families could manage higher tuition.

The analysis also found gaps in children's developmental and educational supports. Participation in early intervention services is below the state average. At the beginning of the 2024–2025 school year, 36% of

kindergarten students met the early literacy benchmark used in this analysis. Countywide third-grade reading proficiency reached 55.4%, but results varied substantially across schools and student groups. Parents and educators described a need for developmental services, classroom supports, and training to help teachers meet children's behavioral and exceptional needs.

Maternal and infant health findings also warrant attention. Of the 2,213 babies born in New Hanover County in 2024, 9.8% had a low birthweight. Although the county has more obstetricians and gynecologists per resident than the state overall, local provider availability has declined since 2016. Families described difficulty finding providers who accept their insurance and identified postpartum mental health care, lactation support, and home visiting as unmet needs.

The conditions surrounding families affect their ability to use available services. More than one-third of county children live in poor or low-income households, 15.3% experience food insecurity, and 6.2% are uninsured. Parents and community leaders described the combined costs of housing, child care, food, and health care. They also reported transportation barriers and difficulty finding current information about programs and eligibility.

In response to these findings, the report presents five strategies for New Hanover County to consider:

- Strengthen compensation and benefits for early childhood educators through salary supplements and improved access to health insurance.
- Create a centralized family resource navigation platform to help families find current information about child care and other supports.
- Provide child care assistance for child care workers to help programs recruit and retain staff.
- Increase access to high-quality early childhood curriculum and professional development support for all early childhood educators, so educators have the materials and support needed in their classrooms.
- Expand and diversify home visiting services to connect families with support after birth and throughout early childhood.

New Hanover County has a strong network of early childhood providers, health care partners, and community organizations. The findings show where workforce shortages, costs, service gaps, and fragmented information limit that network's reach. These strategies build on existing community resources and respond to the barriers families and providers identified throughout the assessment.

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Part I:

Literature Review and Analysis of Key Indicators for Children in New Hanover County

BACKGROUND

Children's early experiences shape lifelong outcomes in education, health, and economic stability. A growing body of research demonstrates that development in the earliest years is influenced by a combination of interconnected systems, including early care and education, family and community environments, health care access, and broader social and economic conditions (Shonkoff & Phillips, 2000). These systems do not operate independently; rather, they interact to either support or constrain children's developmental trajectories. Understanding how these systems function together is essential for identifying opportunities to improve outcomes for children and families.

Early childhood education represents a central component of this broader system. High-quality early learning environments provide children with opportunities to develop foundational cognitive, language, and social-emotional skills that support later academic success. At the same time, the availability and stability of these environments depend heavily on the structure of the child care market, including funding mechanisms, workforce conditions, and program sustainability. Research consistently identifies workforce instability, inadequate compensation, and gaps between the cost of care and available funding as key drivers of system-level challenges that affect both access and quality.

Child development outcomes are closely tied to both the availability of early learning opportunities and the consistency of children's experiences within those settings. Early intervention services, stable caregiver relationships, and high-quality learning environments all play critical roles in supporting development before children enter school. When children have access to coordinated support during the first years of life, they are more likely to enter kindergarten prepared to engage in learning. Conversely, gaps in access to early intervention, inconsistent care environments, and limited data on readiness can contribute to disparities that emerge early and persist over time, particularly in areas such as early literacy and third grade reading proficiency.

Maternal and infant health further shape early childhood development by influencing outcomes beginning before birth. Access to prenatal care, the availability of maternal health providers, and broader health system capacity affect both maternal well-being and birth outcomes, including preterm birth and low birthweight. These early health indicators are strongly associated with developmental trajectories in infancy and early childhood. Persistent disparities in maternal health outcomes, particularly across racial and geographic lines, highlight the importance of access to comprehensive, continuous, and culturally responsive care.

Beyond direct services, social determinants of health play a critical role in shaping the conditions in which children grow and develop. Factors such as housing stability, transportation access, food security, and access to public assistance programs influence families' ability to meet basic needs and access essential services. These conditions can either support or limit participation in early childhood programs, health care systems, and educational opportunities. Research shows that when families experience instability in these areas, children are more likely to face disruptions in care, health, and learning that can affect long-term outcomes.

Together, the literature points to the importance of a coordinated, system-level approach to supporting young children and families. Strengthening early childhood outcomes requires not only investments in individual programs, but also alignment across early education, health, and community systems. The following sections examine these domains in New Hanover County, highlighting both strengths and areas for targeted investment to improve outcomes for children in their earliest years of life.

Domain I: ACCESS TO HIGH-QUALITY EARLY CHILDHOOD EDUCATION

North Carolina's early childhood education system operates through a mixed-delivery model in which services for children from birth to age five are delivered across both public and private settings. Oversight is provided by the Division of Child Development and Early Education (DCDEE) within the North Carolina Department of Health and Human Services (NCDHHS), which manages licensing, administers the child care subsidy program, and implements quality standards (NCDHHS, 2025). Most families access care through private center-based programs and family child care homes, which rely largely on parent tuition and subsidy reimbursements. Public programs, including NC Pre-K, operate alongside private providers, creating an interconnected system shaped by funding structures, regulatory requirements, and workforce conditions.

Center-based facilities represent the largest share of North Carolina's licensed child care sector. As of February 2026, the state had 4,144 licensed centers serving infants, toddlers, preschoolers, and school-aged children (DCDEE, 2025). These facilities must meet DCDEE requirements related to staff-child ratios, teacher qualifications, health and safety standards, and participation in the state's Quality Rating and Improvement System. Most rely on a combination of private tuition, subsidy reimbursements, and public funding tied to NC Pre-K or Head Start classrooms. As of February 2026, New Hanover County had 58 licensed child care centers, representing roughly 78% of all licensed child care facilities in the county (DCDEE, 2026).

Family child care homes (FCCHs) provide licensed care in residential settings and serve families seeking smaller group environments or flexible schedules. As of February 2026, North Carolina had 1,003 licensed FCCHs, each permitted to serve between three and nine children (DCDEE, 2026). These homes are especially important for families working nontraditional hours; in 2020, 1,407 children received licensed care in FCCHs between 6:00 p.m. and 11:00 p.m., compared with 809 children served in centers during those hours (DCDEE, 2020). For comparison, during this same time period, nearly 245,000 children were served in licensed child care across the state during first shift hours, between 6:00am and 6:00pm (Bell, 2022). Despite their importance, FCCHs often operate with narrow financial margins and long provider work hours, contributing to provider burnout and exits from the field (Bromer et al., 2021). As of February 2026, New Hanover County has 16 licensed FCCHs (DCDEE, 2026).

NC Pre-K, the state-funded preschool program for eligible four-year-olds, operates in both public schools and private child care centers. While programs follow the same statewide standards for teacher qualifications, curriculum, and instructional quality (Peisner-Feinberg et al., 2022), teachers in public school NC Pre-K classrooms are typically paid on the K–12 salary schedule and receive more comprehensive benefits. These compensation differences can draw educators away from private centers, contributing to staffing shortages and turnover in the private sector (Whitebook et al., 2018). As of February 2026, 18 licensed facilities in New Hanover County operate NC Pre-K classrooms (DCDEE, 2026).

COMMON CHALLENGES FACED BY EARLY CHILDHOOD EDUCATION PROVIDERS

TUITION AND SUBSIDY REIMBURSEMENTS DO NOT COVER THE TRUE COST OF CARE

While child care is expensive for families, tuition and subsidy reimbursements rarely cover the true cost of providing care. Unlike K–12 education, early childhood programs depend largely on parent tuition and public subsidy reimbursements for eligible families. In practice, neither source consistently covers the full cost of staffing, facilities, materials, and regulatory compliance, limiting programs' ability to maintain a stable workforce.

Data from NC Child's child care finance report, *Building Blocks and Bottom Lines*, show that child care is already one of the largest expenses for families with young children in North Carolina. Yet even with high tuition relative to household income, programs still struggle to meet expenses (NC Child, 2025). Directors often set tuition based on what families can afford rather than on a cost calculation tied to wages, benefits, and quality standards. As a result, many programs operate with little financial cushion and limited capacity to increase compensation or expand benefits.

The gap is particularly pronounced within the current subsidy reimbursement structure, which ties reimbursement levels to local market rates. According to the AIR Alternative Market Rate Study, 95 of North Carolina's 100 counties have reimbursement rates set below 63% of the estimated true cost of care (Danks et al., 2023). When reimbursement rates fall below cost, providers absorb the difference. Over time, this financial strain influences enrollment decisions, staffing patterns, and classroom availability.

Because labor is the largest expense in child care, compensation often becomes the adjustment point when revenues fall short. Directors describe postponing raises, limiting benefit offerings, or leaving positions vacant in order to manage cash flow (NC Child, 2025). In communities where tuition is already constrained by local income levels, there is little opportunity to offset low reimbursement rates by raising private-pay tuition.

This misalignment between reimbursement rates and the true cost of care contributes directly to workforce instability. When programs cannot generate sufficient revenue to offer competitive wages and benefits, turnover becomes more likely. Without reimbursement structures that better reflect the cost of care, programs remain financially vulnerable and retention efforts are limited by structural funding constraints.

LOW COMPENSATION AND LIMITED BENEFITS DRIVE EARLY CHILDHOOD WORKFORCE TURNOVER

Low wages and limited access to benefits remain persistent challenges within the early childhood workforce. Despite their essential role in supporting children's development, early childhood educators are among the lowest paid professionals in the United States, with median wages falling below 97% of other occupations (McLean et al., 2024). Compensation levels often fail to meet livable wage standards, and many educators lack access to basic benefits such as health insurance or retirement plans.

Nationally, the median hourly wage for child care workers is approximately \$13.71, compared with \$28.79 for elementary school teachers (Banerjee et al., 2021). The average for child care workers in North Carolina is slightly higher, at \$14.20 per hour (Bureau of Labor Statistics [BLS], 2023). Many early childhood educators earn wages low enough to qualify for public assistance, with more than half relying on government benefits to meet basic needs (McLean et al., 2021). Nearly 30% report working second jobs to supplement their income (McLean et al., 2024).

Low compensation is strongly associated with higher turnover. Bassok et al. (2021a) found that 30% of teachers in the lowest wage quartile left their center within eight months, compared with 17% in the highest wage quartile. In North Carolina, a survey of more than 10,000 educators who left the classroom in 2019–2020 found that 57% moved to another field and 41% cited higher pay as a primary reason (Bors & Turner, 2020). Low wages also discourage new entrants; enrollment in early childhood degree programs has declined by more than 40% over the past decade (Austin et al., 2019).

Limited benefits further contribute to workforce instability. Only 17% of child care workers receive employer-sponsored health insurance (Early Years, 2024), compared with 67% of K–12 teachers (Otten et al., 2019). Although 71% of center-based teachers in North Carolina report having paid sick leave, many educators nationally still lack this support (Caven et al., 2021). In North Carolina, 43% of directors reported offering retirement benefits in 2023, though fewer than half of teachers were able to participate due to financial constraints (Early Years, 2024). The absence of retirement benefits also contributes to long-term financial insecurity and higher exit rates (Totenhagen et al., 2016; CSCCE, 2024). Together, low wages and limited benefits create structural barriers that make it difficult for educators to remain in the field long term, adding to persistent workforce instability.

TURNOVER EXACERBATES OPERATIONAL INSTABILITY IN CHILD CARE PROGRAMS

High teacher turnover rates create operational challenges for child care providers, affecting staffing stability, program quality, and financial sustainability. Turnover costs child care centers between \$2,000 and \$5,000 in recruitment, hiring, and training expenses to replace every teacher lost (Totenhagen et al., 2016). Facilities experiencing high turnover often struggle to maintain staff continuity, meet licensing requirements, and sustain consistent classroom quality (Cunningham, 2024; Bratsch-Hines et al., 2020).

Persistent turnover exacerbates financial strain. Programs may spend up to 20% of their annual budgets on hiring and training new staff, limiting investments in professional development or classroom resources (Amadon et al., 2023). Lower program quality can also reduce enrollment; Bassok et al. (2021b) found a 7% reduction in utilization of lower-rated programs compared with higher-rated programs.

Turnover disrupts children's learning environments as well. Centers with annual turnover rates above 30% report lower classroom organization, fewer opportunities for individualized instruction, and reduced emotional support for children (Schaack et al., 2020). Children experiencing within-year teacher turnover also demonstrate lower vocabulary development (Markowitz, 2024; Henry & Redding, 2020).

Staff instability can also weaken family relationships with providers. Families experiencing frequent educator turnover report lower satisfaction and may seek alternative arrangements, creating enrollment fluctuations and financial uncertainty for programs (McLean et al., 2021). NAEYC (2024) found that 42% of families in centers with high turnover considered switching providers due to concerns about inconsistent care.

CHILD CARE CLOSURE RATES ACCELERATED IN THE PAST YEAR

The combined pressures of inadequate reimbursement, constrained tuition revenue, and workforce instability have contributed to rising program closures. After operating for years on narrow margins, many providers exhausted the temporary funding provided through Child Care Stabilization Grants.

In 2025, North Carolina lost 113 child care programs, according to data maintained by the Division of Child Development and Early Education. In Eastern North Carolina, program loss was particularly significant, resulting in more than 1,600 lost child care slots. When staffing vacancies cannot be filled, programs may reduce enrollment or close classrooms to comply with ratio requirements. Reduced enrollment lowers revenue and further tightens already limited budgets. Programs serving a high proportion of subsidized children are particularly vulnerable when reimbursement rates remain below cost.

Closures therefore reflect broader structural imbalance. Programs that cannot increase tuition due to family affordability constraints and receive subsidy payments below cost have few options when expenses rise or staffing shortages persist. As programs close, the overall supply of licensed child care falls,

worsening access challenges for families and limiting the ability of remaining providers to expand enrollment.

AFFORDABILITY AND ACCESSIBILITY ISSUES

Child care in North Carolina remains unaffordable for many families. Nationally, child care for one child consumed between 8.9% and 16% of median household income in 2022, exceeding the federal affordability benchmark of 7% (U.S. Department of Labor, 2024). In North Carolina, the average cost of infant care exceeds \$13,000 annually and toddler care approaches \$13,000 (NCCCR&R Council/CCRI, 2026).

These expenses require families to devote substantial portions of their household budgets to care. Infant care costs are approximately 57% higher than in-state public college tuition, and care for two children costs roughly 25% more than the average rent in the state (North Carolina Department of Commerce, 2025)

Access to child care is constrained not only by affordability but also by limited availability of licensed slots. Infant and toddler care is particularly scarce because it requires lower staff-to-child ratios and higher staffing levels. When programs face financial strain or staffing shortages, infant classrooms are often the first to close (McLean et al., 2024; Cunningham, 2024). Workforce instability further restricts access. Programs may operate below licensed capacity when staff positions remain unfilled, reducing available slots even when demand exists (Schaack et al., 2020). In some communities, a single closure can significantly reduce local supply.

These access challenges have broader economic implications. When families cannot find reliable child care, parents may reduce work hours, decline job opportunities, or exit the labor force entirely, creating measurable economic consequences for communities and the state (NC Child & NC Commerce, 2024).

WAYS TO ADDRESS GAPS IN EARLY CHILDHOOD EDUCATION

Cities and states have implemented incentives such as bonuses, professional development supports, healthcare benefits, and grant funding to improve teacher retention in early childhood education. These strategies aim to provide financial relief, support professional growth, and strengthen job stability for educators. Research suggests that while incentives can improve retention, their effectiveness depends on program design and whether they address broader workforce conditions.

THE USE OF BONUSES

Bonuses have been widely used to address high turnover in early childhood education. Research suggests that financial incentives can improve retention when structured appropriately. Gable and colleagues (2007) found that educators receiving semi-annual retention bonuses of \$750 or more based on

education level or years of experience were 19% more likely to remain in their positions for at least one additional year. Similarly, Bassok and colleagues (2021) reported that programs offering structured annual bonuses of at least \$1,500 over an eight-month period experienced a 15% reduction in turnover.

The structure and frequency of bonuses influence their effectiveness. Gable and colleagues (2007) found that recurring semiannual bonuses exceeding \$1,000 were associated with a 22% decrease in turnover. Bonuses distributed in incremental payments rather than lump sums also produced stronger retention effects by providing more consistent financial support (Bassok et al., 2021). Programs that paired bonuses with professional development stipends or education incentives reported even greater impacts, including a 25% reduction in turnover over three years (Phillips et al., 2018).

However, bonuses alone rarely resolve the underlying drivers of workforce instability. Otten and colleagues (2019) noted that retention effects often diminish when bonuses are not paired with wage increases or benefits such as health insurance and retirement contributions. Perception also matters: educators who viewed bonuses as recognition for their work were more likely to remain in their roles than those who saw them as compensation for inadequate wages (McLean et al., 2021). When bonuses were embedded within broader workforce supports—including benefits and professional development—retention improved by nearly 30% (Bellows et al., 2022).

ACCESS TO PROFESSIONAL DEVELOPMENT AND SUPPORT

Professional development incentives represent another strategy for improving retention in early childhood education. In a qualitative study of early childhood teachers in Australia, McDonald et al. (2018) found that educators who felt supported in their professional learning developed a stronger sense of professional identity and commitment to the field. Echoing the findings of Fenech et al. (2022), the study suggests that professional development opportunities can improve retention even in contexts where wage concerns persist.

Support from program directors also strengthens the impact of professional development on retention. Bridges et al. (2011) found that teachers who received professional development within supportive workplace environments were more likely to remain in the profession, with rates of retention increasing by 0.33 standard deviations among educators reporting moderate director support. Despite these benefits, barriers remain. Early childhood educators often face challenges accessing professional development due to time constraints, financial limitations, and limited employer support (Ackerman, 2006). In lower-wage programs, teachers may be unable to participate due to scheduling conflicts or the absence of paid leave for coursework or training (Whitebook et al., 2014).

Professional development incentives are most effective when linked to clear career advancement opportunities. Bridges et al. (2011) found that teachers who saw pathways from training to salary increases or leadership roles were more likely to remain in the field. When professional learning opportunities are combined with financial supports, flexible scheduling, and career pathways, programs report stronger improvements in educator retention and workforce stability.

Analysis: THE EARLY CHILDHOOD EDUCATION LANDSCAPE IN NEW HANOVER COUNTY

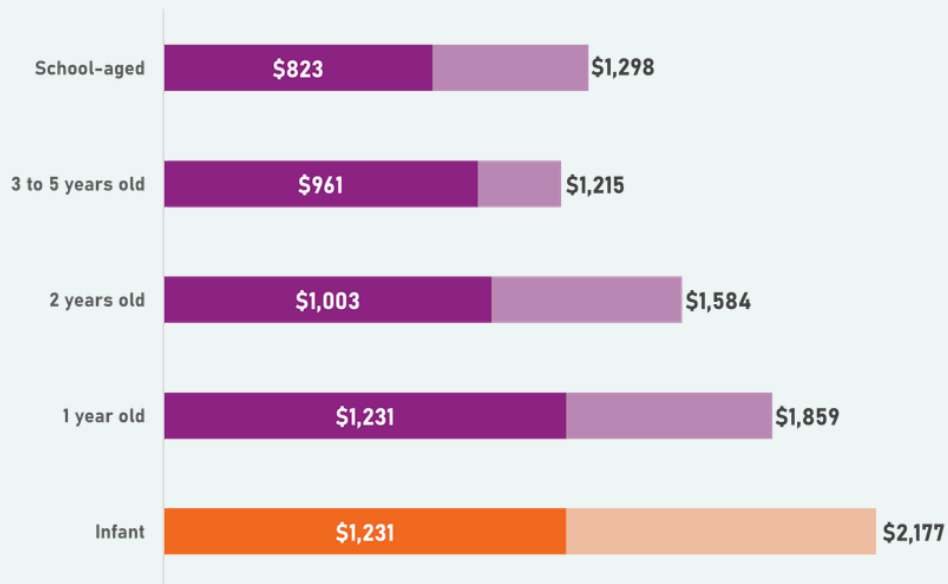
The following section highlights the realities of early childhood education for New Hanover County. According to our methodology, driven largely by a composite score analysis compared to the state average, **New Hanover County performs about 10% better than the state average on early childhood education indicators**, largely driven by a more favorable ratio of infant care costs to the median income of married couples. However, child care remains unaffordable for many families, exceeding the affordability benchmark of 7% of income established by the United States Department of Health and Human Services (DHHS, 2024). Married couples spend over 10% of their income on infant care, while single parents face even greater burdens, with single fathers spending about 26% of their income and single mothers spending nearly 35%. It is important to note that these figures are based on the median income of the described population, meaning that half of the individuals in these groups are spending more than what is reported on child care in New Hanover County. It is likely that many parents in New Hanover County are spending more than the reported averages as they are younger in their careers and are not making at or above the reported median incomes. Additionally, the average costs as a percentage of household income represent tuition prices for *one child* in a child care center; costs are much higher for families with more than one child enrolled in licensed child care programs.

As the high cost of child care continues to affect families in New Hanover County, the share of eligible families served by the Child Care Assistance Program remains consistent with the state average of 32%. Although waitlists have decreased in New Hanover County since January 2026, fewer than 10 additional children are receiving subsidy, which is likely due to the required semi-annual re-certification and evaluation of subsidy waitlists (DCDEE, 2025). Further efforts are needed to ensure that families who are eligible for subsidy can receive these benefits to improve access to high-quality early childhood education in the county.

If all children who are eligible for child care subsidy were served through this program, an additional **2,000 children in New Hanover County would have access to early childhood education (DCDEE, 2025).**

As of February 2026, New Hanover County's child care subsidy spending coefficient is 82.6%, meaning the county is using roughly 83% of its allocated subsidy funds each month. Because waitlists are generally implemented when spending reaches 97% or higher, eligible families who apply for subsidy would not currently be placed on a county waitlist. However, the absence of a county waitlist does not guarantee access to a child care slot. Providers are not required to accept subsidy vouchers, and some choose not to participate because current reimbursement rates are not commensurate with the true cost of child care.

REIMBURSEMENTS COVER ONLY 56.5% OF INFANT CARE COSTS IN 5-STAR CENTERS



SOURCE: DCDEE 2021 Subsidy Market Rate Study & AIR Alternative Market Rate Study

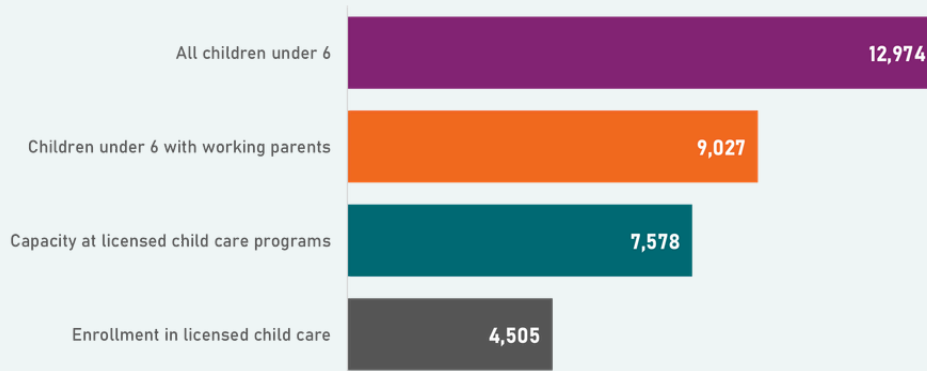
NOTE: Calculations use the 2021 Market Rate Study, which was in effect during the period analyzed (January-March 2026). The Statewide Subsidy Reimbursement Rate Floor is scheduled to take effect in October 2026 and is not reflected in these calculations.

The chart illustrates a structural funding gap in the child care system: reimbursement rates in New Hanover County consistently fall short of the true cost of providing care, particularly for younger children. As noted in the figure above, across age groups, New Hanover child care providers are receiving subsidy amounts equal to a fraction of the actual cost of providing care. Differences in reimbursement rates are most notable for infants, where providers receive reimbursements that are 56.5% of the true cost, or a **\$946 gap per infant per month**. As a result, providers must rely on higher parent tuition, cross-subsidization across age groups, or external funding to remain financially viable. This gap helps explain why many programs struggle to sustain operations or expand infant and toddler capacity. Because of these gaps, providers in New Hanover County are far less likely to accept infants and toddlers, regardless of the structure of payment.

Because affording the full cost of care is a barrier for private-paying families, subsidy reimbursement rates do not reflect the true cost. Subsidy rates are based on Market Rate Surveys (MRSs) conducted by DCDEE every two years. These surveys rely on tuition rates reported by child care program directors. Rather than setting tuition rates based solely on the costs they face providing care to children, programs base tuition rates on what local child care markets can bear. Subsidy rates are then set at the 75th percentile of a county's market rate. Thus, the provider reimbursements for serving children with child care subsidies are set far below the cost of service provision.

Due in part to a 38% turnover rate among the child care workforce in New Hanover County, the supply of child care does not meet the demand. As illustrated in the chart below, only 55% of children under six with both parents in the labor force are enrolled in licensed child care, and only 34.7% of all children under 6 are enrolled in licensed child care. In addition, due to the challenges outlined in this section, current enrollment fills only 59.4% of licensed child care capacity. When providers are unable to reach a certain threshold of enrollment, they are unable to sustain their business.

SUPPLY OF CHILD CARE DOES NOT MEET THE DEMAND FROM PARENTS



SOURCE: US Census Bureau ACS 5-year (2022) NC CCR&RC, & Child Care Resources, Inc.

As a result of these underlying dynamics, programs are closing throughout the state and in New Hanover County. Since 2019, the county has experienced a 11.9% decline in child care programs, or a net loss of 10 programs. Eastern North Carolina lost over 1,600 child care slots in 2025 alone. As programs close, the availability of child care shrinks, widening the gap between supply and demand and making it more difficult for families to find care for their children.

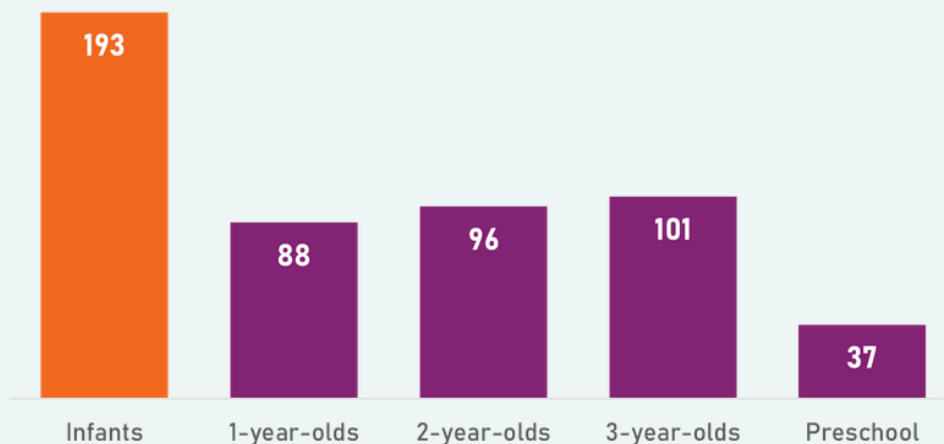
RESULTS FROM THE NEW HANOVER COUNTY PROVIDER SURVEY

As part of the first phase of this project, we distributed a survey to New Hanover County child care providers in January 2026. Out of the 74 programs eligible to participate, 36 responded, yielding a response rate of 48.6%. Of the programs included in the following analysis, 31 were center-based programs, while the remaining five were FCCHs. While the following results are important in understanding the local context, they are not generalizable beyond New Hanover County and should be interpreted with caution.

WAITLISTS AND NEED FOR INFANT CARE

Of the 36 respondents, 69.4% stated that they currently maintain a waitlist. The number of infants who are on a waitlist in New Hanover County is nearly double that of the next highest age group. Most notably, of the programs that reported an infant waitlist, 46% indicated that the waitlist is at least six months long.

INFANT WAITLISTS ARE NEARLY TWICE THE LENGTH OF OTHER AGE GROUPS



SOURCE: NC Child Survey of New Hanover County Providers

NOTE: Of the 101 3-year-olds that are on the waitlist, 56 were noted for one public school Pre-K program

STAFFING BARRIERS AND COMPENSATION LIMITATIONS

Waitlists are often the result of staffing challenges that prevent facilities from enrolling children at or near capacity for their facility. Providers reported that the positions that are most difficult to fill are floaters and substitute teachers, assistant teachers, and toddler teachers. When programs are unable to fill supporting roles, they are unable to expand capacity due to mandated staff-to-child ratios, limiting their ability to serve families and sustain operations.

One reason that the previously noted positions may be the most difficult to fill is compensation.

Providers reported assistant teachers make between \$13 and \$15 per hour on average, while lead teachers earn only slightly more, between \$15 to \$18 per hour. Overall, the average wage of a child care worker in New Hanover County is \$14.58 per hour – lower than wages in many competing industries. For example, the average hourly wage for retail sales workers is \$16.08 (NC Commerce QCEW, 2026) and the average posted hourly wage for fast-food workers is \$20.08 (ZipRecruiter, 2026). This inability to offer competitive wages makes it difficult for many child care programs to retain talent.

Additionally, benefits such as health insurance, paid-time-off, and retirement are not a guarantee for child care workers. Nationally, less than half of all child care workers are offered employer-sponsored

benefits (CSCCE, 2024), and even if they are available, child care workers may not be able to afford these benefits. As one provider noted in the survey, “We also struggle with providing health insurance and other benefits. Although we offer them and many staff do utilize the options, the rates are not always affordable for the teachers.”

PROVIDER PERSPECTIVES

We asked providers to describe the single greatest challenge for New Hanover County through the lens of child care and early education. Many providers spoke primarily about the difficulty in finding qualified staff, paired with compensation expectations from staff. In addition, providers noted the increasing expenses, driving the increases in tuition for parents, further pricing them out of the market.

One provider described these everyday challenges clearly:

“The single biggest challenge facing child care providers in New Hanover County right now is staffing. Providers are expected to meet high regulatory and quality standards, but wages have not kept pace with the cost of living. As a result, centers struggle to recruit and retain qualified teachers, which directly limits classroom capacity, increases burnout for existing staff, and reduces access to care for working families.”

Finally, we asked providers how many additional children they could serve if staffing barriers were resolved. **Providers who participated in the survey estimated that they could collectively serve an additional 774 children under those conditions.** This estimate reflects only the programs that responded to the survey and does not include the 54% of programs that did not participate, suggesting that the true potential increase in capacity may be even greater. These findings indicate that much of the county’s unmet child care demand may be tied not to physical space, but to staffing constraints. Addressing workforce challenges could therefore unlock significant additional capacity within existing programs.

Domain II: EARLY CHILDHOOD DEVELOPMENT OUTCOMES

A substantial body of research highlights the factors that contribute to children entering kindergarten ready to grow and learn, emphasizing the role of early experiences in shaping developmental outcomes. This literature points to the importance of stable relationships, high-quality learning environments, and early skill development in preparing children for the transition into kindergarten.

THE IMPORTANCE OF EARLY INTERVENTION SERVICES FOR CHILDREN UNDER THREE

The first three years of life represent a uniquely sensitive period in human development. During this time, neural circuits responsible for language, memory, emotional regulation, and executive functioning develop rapidly, forming the foundation for later academic and social success (Shonkoff & Phillips, 2000). Because brain plasticity is greatest in infancy and toddlerhood, developmental delays identified and

addressed during this period are more responsive to intervention than those identified later (Guralnick, 2011). Early intervention is therefore both developmentally strategic and economically prudent.

Research consistently demonstrates that children who receive coordinated early intervention services show stronger outcomes across cognitive, communication, and adaptive domains (Guralnick, 2005). High-quality early intervention can reduce the intensity of services required later in preschool and elementary school and is associated with improved long-term educational outcomes (Barnett, 2011; Yoshikawa et al., 2013). Pediatric research further emphasizes that integrating developmental screening with family-centered intervention can mitigate risk and narrow disparities in school readiness and health outcomes (Shonkoff et al., 2023). When developmental concerns are not addressed during the earliest years, small delays can widen over time, affecting later academic achievement and behavioral regulation.

Despite strong evidence supporting early intervention, access remains uneven. A review conducted by the Youth Policy Lab at the University of Michigan found that approximately 65% of children identified with a possible delay received a referral to early intervention services, and only about 51% of those referred ultimately participated in services (Erickson et al., 2021). National reporting further indicates that only about 53% of children referred to Part C early intervention services during the 2021–22 school year ultimately enrolled in services (Blad, 2023). These gaps suggest that children are lost at multiple points between identification, referral, and enrollment.

Barriers to early intervention occur at several levels. Providers may lack time, training, or clarity regarding referral procedures, while families may face logistical challenges such as transportation barriers, long waitlists, or limited provider availability, particularly in rural communities. Workforce shortages in early intervention services can further delay evaluations and service delivery. In some cases, children approach their third birthday before services are initiated, reducing the opportunity to benefit from intervention during the most developmentally sensitive period (Blad, 2023; Erickson et al., 2021).

These gaps have implications beyond early childhood systems. When children do not receive timely services under Part C, they may enter preschool or kindergarten with unaddressed developmental needs, increasing pressure on K–12 special education systems. Early intervention is designed not only to support children and families but also to reduce long-term educational costs and improve school readiness outcomes (Barnett, 2011). Strengthening referral systems, expanding provider capacity, and ensuring consistent follow-through are therefore critical to ensuring that children receive support during the period when it can have the greatest developmental impact.

ENSURING CHILDREN ENTER KINDERGARTEN READY TO GROW AND LEARN

THE IMPORTANCE OF TEACHER CONSISTENCY FOR CHILD DEVELOPMENT

From birth to age five, early childhood is a period of rapid development marked by significant growth across cognitive, social, and emotional domains. These early years lay the foundation for lifelong learning and development (Shonkoff, 2010). Early experiences shape brain architecture and influence a child's ability to learn, form relationships, and regulate emotions (Shonkoff & Phillips, 2000). High-quality, consistent, and nurturing caregiving is therefore critical during this stage, as disruptions in care can hinder secure attachment formation and developmental progress.

During infancy and toddlerhood, sensory experiences, social interactions, and responsive caregiving help build neural connections that support early cognitive development (Shonkoff & Phillips, 2000). Language acquisition begins in the earliest months of life as children learn through interactions with caregivers who provide a rich linguistic environment (Finders et al., 2023). Research shows that children exposed to high-quality instructional interactions with teachers demonstrate significant gains in language development. These gains include a .69 standard deviation increase in vocabulary and a 1.07 standard deviation increase in oral and written language skills by the time they enter preschool and kindergarten (Mashburn et al., 2008).

Social-emotional development is equally critical during the early years. Stable relationships with caregivers promote self-regulation, emotional resilience, and social competence (Whitebook et al., 2014). Children who experience strong attachment relationships with caregivers are more likely to engage positively with peers and demonstrate more competent social play compared to children with insecure attachment relationships (Howes et al., 1988). Conversely, instability in caregiving relationships can disrupt this developmental process. High turnover among early childhood educators has been associated with emotional distress, increased anxiety, and difficulty forming secure attachments (Otten et al., 2019).

Executive functioning skills, including working memory, cognitive flexibility, and self-control, also begin to emerge during early childhood and are strongly linked to later academic success (Shonkoff & Phillips, 2000). These skills develop through play-based learning, exploration, and problem-solving opportunities in supportive environments (Finders et al., 2023). However, frequent changes in caregivers or teachers can interrupt these experiences and reduce opportunities for consistent developmental support. Physical development also progresses rapidly during this period as children strengthen both gross and fine motor skills while exploring their environments (Shonkoff & Phillips, 2000). Nutrition, physical activity, and responsive caregiving contribute to healthy physical growth and overall well-being (Otten et al., 2019). Stable caregiving relationships are essential for supporting children's physical, cognitive, and social development during this time.

Disruptions in caregiver continuity can affect multiple aspects of early development. Frequent transitions between caregivers may limit language learning opportunities, hinder social-emotional regulation, and reduce exposure to enriching cognitive experiences (Bassok et al., 2019; Howes et al., 1988). Without stable caregiver-child relationships, children may struggle to develop the emotional security necessary to engage fully in learning and social interactions. Teacher stability therefore plays a critical role in fostering optimal child development by ensuring that children receive the consistent, nurturing care needed to support cognitive, social-emotional, and physical growth during these formative years. Workforce instability and classroom turnover can disrupt these relationships, weakening continuity of care at a stage when consistency is especially important (Whitebook et al., 2018).

THE ROLE OF HIGH-QUALITY LEARNING ENVIRONMENTS IN CHILD DEVELOPMENT

In addition to stable caregiver relationships, the quality of children's early learning environments plays a critical role in preparing them to enter kindergarten ready to learn. Research consistently shows that one of the strongest predictors of children's developmental gains in early childhood classrooms is the quality of interactions between teachers and children. Pianta and colleagues identified three key dimensions of effective early learning environments: emotional support, classroom organization, and instructional support (Pianta et al., 2016). These dimensions capture how teachers build positive relationships with children, create structured and predictable learning environments, and engage children in meaningful conversations and learning activities that promote language, reasoning, and problem-solving.

Emotionally supportive classrooms help children feel safe, confident, and connected to their teachers. When children experience warm, responsive relationships with educators, they are more likely to participate actively in classroom activities and develop positive attitudes toward learning. Classroom organization further supports learning by establishing clear routines and minimizing disruptions, allowing children to focus on exploration and skill development. Instructional support includes practices such as asking open-ended questions, encouraging children to explain their thinking, and providing feedback that expands children's ideas and language. Research shows that these types of teacher-child interactions are associated with stronger gains in language development, literacy, and early cognitive skills (Pianta et al., 2016).

Participation in high-quality early learning environments can also strengthen children's executive functioning skills, including working memory, cognitive flexibility, and self-regulation. These skills enable children to follow directions, manage their behavior, and engage in classroom learning. Research examining children's transition into kindergarten found that those who attended pre-kindergarten programs demonstrated stronger academic skills and executive functioning in the early months of kindergarten than their peers who did not attend, with particularly strong benefits for children from low-income families and dual language learners (Ansari, 2021).

Additional research examining early childhood classrooms found that the quality of teacher-child interactions can shape children's learning trajectories across the early school years. Classrooms with

stronger emotional and instructional interactions were associated with greater gains in academic and social-emotional outcomes as children progressed through kindergarten (Pianta et al., 2020). These findings highlight the importance of classroom environments that not only provide access to early learning programs but also ensure that children experience high-quality interactions that support development.

Other components of high-quality early learning environments include play-based learning, exploration, and opportunities for peer collaboration. Through these experiences, children practice communication, cooperation, and problem-solving while strengthening foundational academic skills. When classrooms consistently provide supportive relationships, structured learning environments, and engaging instructional practices, children are more likely to develop the language, self-regulation, and social competencies needed for a successful transition to kindergarten. Ensuring access to high-quality early learning environments is therefore a critical component of preparing children for school. Investments that strengthen classroom quality and support early educators can help ensure that more children enter kindergarten ready to grow and learn.

THE IMPORTANCE OF READING ACHIEVEMENT IN THIRD GRADE

Reading proficiency by the end of third grade is widely considered a critical milestone in children's educational development. During the early elementary years, children focus primarily on learning how to read. By fourth grade, however, the instructional shift moves toward "reading to learn," meaning students must use reading skills to understand content across subjects such as science, social studies, and mathematics. Children who have not developed strong reading skills by the end of third grade often struggle to keep up with academic expectations in later grades (Hernandez, 2011).

Research demonstrates that third grade reading proficiency is strongly associated with long-term educational outcomes. Hernandez (2011) found that one in six children who are not reading proficiently in third grade fail to graduate from high school on time, a rate four times higher than that of proficient readers. The relationship between early literacy and graduation becomes even stronger when poverty is considered. For example, 26% of children who experienced poverty and were not proficient readers in third grade did not graduate on time, compared to much lower rates among proficient readers (Hernandez, 2011). These patterns highlight how early literacy skills and socioeconomic factors can interact to influence long-term educational trajectories.

Early literacy development is closely tied to experiences that begin well before children enter elementary school. Language exposure, early learning opportunities, and supportive learning environments in early childhood programs all contribute to the development of reading skills that emerge during the first years of formal schooling. Because third grade reading proficiency reflects the cumulative impact of early childhood experiences, policymakers and educators increasingly view it as a key indicator of whether children are on track for later academic success. Students who struggle with reading in the early grades

are more likely to fall behind in other academic subjects, which can compound learning challenges over time.

Recognizing the importance of early literacy, many states have implemented policies designed to improve reading outcomes in the early grades. In North Carolina, policymakers have focused on strengthening early literacy instruction, expanding early learning opportunities, and improving early identification of reading challenges as strategies to increase third grade reading proficiency (North Carolina Medical Journal, 2023). These efforts emphasize the importance of early intervention, high-quality instruction, and coordinated support across early childhood and elementary education systems.

Strengthening early literacy development in the years leading up to third grade remains an important component of improving long-term educational outcomes. When children develop strong reading skills early in their academic careers, they are better prepared to engage with increasingly complex academic content and remain on track for future success in school.

INITIATIVES THAT SUPPORT CHILD DEVELOPMENT, KINDERGARTEN READINESS AND EARLY LITERACY

A growing body of research demonstrates that targeted early childhood interventions can improve children's readiness for kindergarten. High-quality pre-kindergarten programs are among the most widely studied strategies for strengthening early literacy, language, and social-emotional development prior to school entry. Participation in structured early learning programs provides children with opportunities to engage in language-rich interactions, develop early academic skills, and build the self-regulation abilities necessary to succeed in formal classroom environments. Research examining large-scale preschool initiatives finds that participation in pre-K is associated with stronger academic skills and executive functioning during the transition into kindergarten, particularly for children from low-income families and dual language learners (Bassok et al., 2021).

UTILITZATION OF EVIDENCE-BASED CURRICULA IN EARLY CHILDHOOD EDUCATION

The use of developmentally appropriate, research-based curriculum is one approach to strengthening early childhood learning environments. *The Creative Curriculum* is a widely used model designed to support learning across domains, including language, early literacy, mathematics, and social-emotional development, through play-based and inquiry-driven instruction (Teaching Strategies, 2013). Rather than focusing on isolated academic skills, the curriculum integrates content areas in ways that align with how young children learn.

Evidence from an evaluation of preschool classrooms found that children who participated in The Creative Curriculum for two consecutive years demonstrated gains equivalent to approximately three to four additional months of learning in literacy and mathematics compared to peers in other settings (Teaching Strategies, 2013). Findings from the same study show that implementation quality is closely

tied to outcomes. Classrooms with higher levels of fidelity demonstrated stronger results, with gains up to 30% greater than those observed in lower-implementation settings (Teaching Strategies, 2013). This points to the role of teacher training, coaching, and ongoing support in producing consistent results across classrooms.

In addition to academic skills, play-based approaches such as The Creative Curriculum support social-emotional development, problem-solving, and language growth (Kute's Kids, 2023). These areas are associated with later academic performance and are particularly relevant for children entering kindergarten without prior access to high-quality early learning environments.

Implementation in other communities provides examples of how curriculum can be integrated into broader systems of support. In Detroit, The Creative Curriculum has been implemented alongside coordinated professional development and coaching to improve instructional consistency across classrooms (Teaching Strategies, 2024). Within the first year of implementation, children in Creative Curriculum classrooms demonstrated substantial gains on evidence-based assessments. Language scores increased by more than 40 percentage points, reaching 63.8%, while literacy scores rose from 29.6% to 79.1%. These gains carried into kindergarten, where students who participated in Creative Curriculum in early childhood settings showed improvements in language from 10% to 50% and in literacy from 5% to 50% (Teaching Strategies, 2024).

THE IMPORTANCE OF COORDINATED EARLY LEARNING INITIATIVES

Evidence from state-level initiatives further demonstrates how coordinated early learning interventions can improve school readiness outcomes. Mississippi's Early Learning Collaborative (ELC) program was designed to expand access to high-quality pre-K programs through partnerships among school districts, child care providers, and community organizations. Evaluations of the program show measurable differences in readiness outcomes among participating children. According to the Mississippi Department of Education (2023), 53.1% of children who attended an Early Learning Collaborative classroom were classified as kindergarten-ready, compared to 43.3% of children enrolled in other public pre-K programs and 29.3% of children who did not attend public pre-K.

The structure of Mississippi's Early Learning Collaborative model highlights the importance of combining expanded access with strong program quality standards. The initiative integrates expectations for instructional practice, professional development for educators, and partnerships across school districts and community-based providers to expand early learning opportunities while maintaining consistent classroom quality (Education Policy Initiative, 2026). This collaborative structure allows communities to leverage existing early childhood infrastructure while strengthening instructional environments that support children's development. Expanding access to high-quality pre-K programs, strengthening instructional quality, and coordinating partnerships across early childhood systems can play an important role in improving school readiness outcomes and increasing the number of children entering kindergarten prepared to engage in learning.

Many education systems have implemented coordinated initiatives that begin well before elementary school, recognizing that third grade reading proficiency reflects the cumulative impact of children's early learning experiences. These efforts often combine early childhood education, high-quality classroom instruction, and targeted interventions in the early grades to strengthen literacy development and ensure that children build strong foundational skills before academic demands increase. Research has shown that children who are not proficient readers by the end of third grade face significantly greater risks of long-term academic difficulties. Hernandez (2011) found that children who are not reading proficiently in third grade are substantially less likely to graduate from high school on time, highlighting the importance of early literacy as a predictor of later educational outcomes.

Many initiatives aimed at improving third grade reading focus on strengthening early literacy instruction during the kindergarten through third-grade years. Policies frequently emphasize the use of evidence-based reading instruction, early screening for reading difficulties, and targeted interventions for students who show signs of falling behind. Early assessments allow educators to monitor literacy development and provide additional instructional support before learning gaps widen (North Carolina Medical Journal, 2023). Strengthening instructional practices during these early elementary years ensures that children continue building the reading skills first developed in early childhood.

Efforts to improve third grade reading outcomes also extend into the early childhood years through investments in high-quality early learning programs. Participation in high-quality pre-kindergarten programs has been associated with stronger academic and executive functioning skills at the start of kindergarten, particularly for children from low-income households and dual language learners (Bassok et al., 2021). These programs provide structured learning environments where children develop early language, vocabulary, and pre-literacy skills that support later reading development.

Research also highlights the importance of classroom quality and teacher-child interactions in supporting early literacy development. High-quality early learning environments characterized by strong emotional support, effective classroom organization, and engaging instructional interactions help promote language development and early cognitive skills (Pianta, La Paro, & Hamre, 2008). When educators engage children in conversations, encourage questioning, and provide feedback that expands children's thinking, children develop the vocabulary and comprehension skills that form the foundation of reading.

Family engagement initiatives are another important component of efforts to strengthen early literacy outcomes. Programs that support parents and caregivers in creating language-rich home environments, such as shared reading and everyday conversation, reinforce the literacy skills children develop in early learning settings and classrooms. These combined supports across early childhood systems, schools, and families help build a stronger foundation for reading proficiency in the early grades.

In many states, initiatives aimed at improving third grade reading therefore involve coordinated strategies that span early childhood and elementary education systems. Expanding access to high-quality early

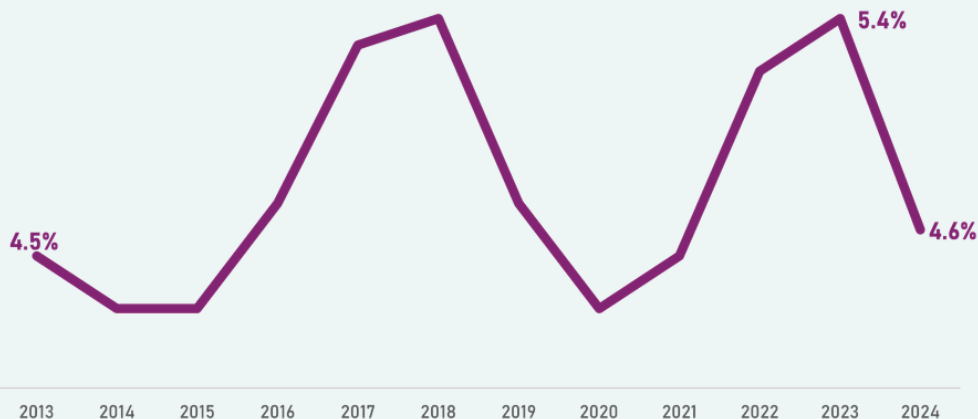
learning programs, strengthening instructional practices in early elementary classrooms, and supporting family engagement in literacy development are key components of these efforts (North Carolina Medical Journal, 2023). When these strategies are implemented together, they strengthen the conditions that support early literacy development and increase the likelihood that children enter fourth grade prepared to read and learn across subjects.

Analysis: EARLY CHILDHOOD DEVELOPMENT OUTCOMES IN NEW HANOVER COUNTY

The following section highlights the state of early childhood development outcomes in New Hanover County. Utilizing our composite score analysis, **New Hanover County performs 2% higher than the state overall on child development outcomes.** This is largely due to the overall gains in third grade literacy that, on a county level, have recovered to pre-pandemic levels. However, further discussion will highlight the importance of targeted investment in schools that are still lagging in relation to overall county performance.

As seen in the chart below, enrollment in early intervention services in New Hanover County has fluctuated over the past decade, with enrollment declining by a full percentage point from 2023 to 2024. In addition, participation in early intervention services is 20% lower than the state average. Early intervention services include the wide array of interventions that address developmental delays, disabilities, or risk factors, including speech, physical, and occupational therapies and other special instruction.

PARTICIPATION IN EARLY INTERVENTION PROGRAMS DECLINED BY 15% IN ONE YEAR



SOURCE: North Carolina Division of Public Health, Early Intervention Branch (2025)

Access to early intervention services and developmental screenings can have a significant impact on children's development, reducing the likelihood that more intensive services are needed once children enter the public school system. While a direct causal relationship cannot be determined, increased participation in early intervention services may contribute to lower rates of special education identification over time. During the 2024–2025 school year, 14.6% of students in New Hanover County received special education services, slightly higher than the statewide average. Strengthening access to developmental screenings and early intervention services may help address developmental concerns earlier and support children before they enter kindergarten.

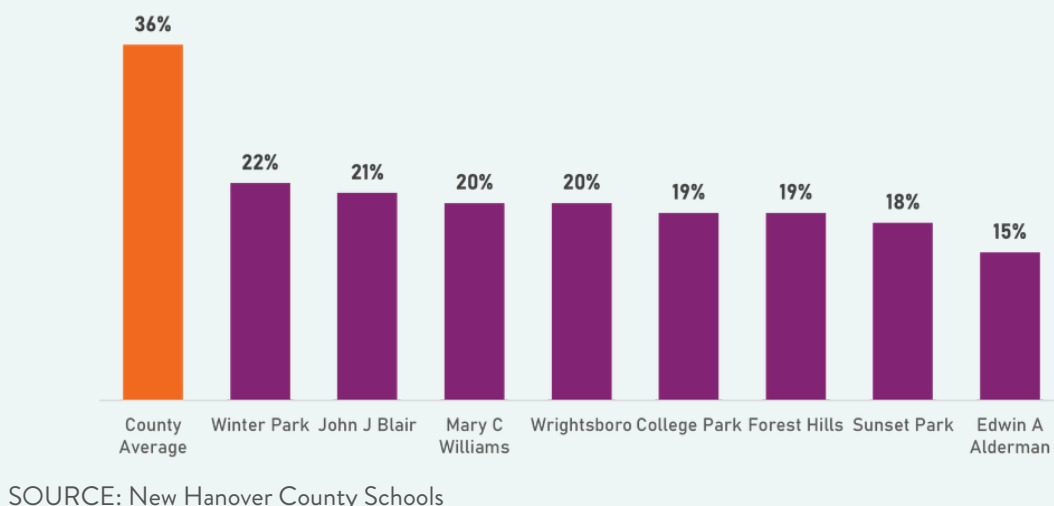
LACK OF ACCESSIBLE DATA TO HOLISTICALLY MEASURE KINDERGARTEN READINESS

As previously discussed, when communities understand the developmental needs of children as they enter kindergarten, they are better positioned to implement strategies that improve readiness over time. North Carolina previously implemented the NC Early Learning Inventory (NC ELI) to measure children's strengths and developmental needs and provide educators with information to support early learning. The NC ELI assesses 16 elements of kindergarten readiness across six domains: social-emotional, physical, language, approaches to learning, literacy, mathematics, and oral language (NCDPI, 2025), all of which correlate to many developmental screening tools, such as Brigance Early Childhood Screen III, Battelle Developmental Inventory 3rd Edition Screening Test, and Developmental Indicators for Assessment of Learning (DIAL-4). While the NC ELI is a mandatory formative assessment administered within the first 60 days of the school year through the North Carolina Department of Public Instruction (NC DPI), results are not consistently disaggregated or reported at the state level. As a result, it was difficult for the research team to establish a clear benchmark for how children enter kindergarten and compare those results to county-level trends. Discussions with school district representatives also revealed concerns about variation in how the assessment is implemented across classrooms.

This lack of consistency raised questions about whether NC ELI results would accurately reflect kindergarten readiness if reported at the county level. Given these limitations, we instead used Beginning of Year (BOY) Dynamic Indicators of Basic Early Literacy Skills (DIBELS) data as a proxy measure of readiness, while acknowledging that DIBELS captures only a portion of the broader skills associated with kindergarten readiness.

Based on BOY DIBELS scores from the 2024–2025 school year, New Hanover County performs about 9% better than the state average, with 36% of students performing at or above benchmark. However, this also means that almost two-thirds of New Hanover kindergarteners are entering school performing below benchmarks for literacy, which can have downstream impacts throughout their life.

MULTIPLE SCHOOLS FALL SIGNIFICANTLY BELOW THE COUNTY AVERAGE IN EARLY LITERACY

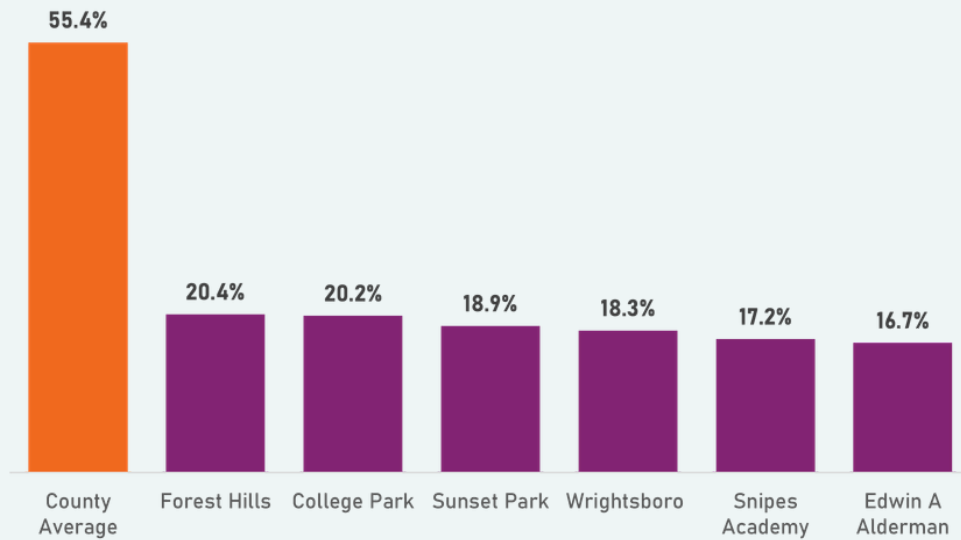


As shown in the chart above, several schools are performing well below the county average on BOY DIBELS assessments. The largest gaps are observed at College Park, Forest Hills, Alderman, and Sunset Park, where reading proficiency rates fall notably behind countywide benchmarks. These early literacy results suggest that many students in these schools are entering the school year without the foundational reading skills needed to stay on track for grade-level proficiency. BOY DIBELS assessments measure key early literacy skills, including phonemic awareness, decoding, and fluency. Lower performance at the start of the school year may indicate a need for additional early literacy supports and targeted interventions to help students build the skills necessary for reading success.

IMPROVEMENTS IN THIRD GRADE READING AND THE NEED FOR TARGETED INTERVENTION

The DIBELS data provides an early indicator of trends that later appear in third grade reading outcomes. Following targeted investments and interventions, third grade reading proficiency rebounded to pre-pandemic levels during the 2024–2025 school year, with 55.4% of students performing at or above grade level on third grade reading assessments. However, disaggregated school rates show substantial variation based on socio-demographic composition. As shown in the chart below, the lowest outcomes and largest gaps are concentrated in a small group of schools—Snipes Academy, College Park, Alderman, Forest Hills, Sunset Park, and Wrightsboro—where third grade reading proficiency rates are substantially lower than the county average, more than 30 percentage points below the county rate.

EARLY LITERACY GAPS PERSIST: DIBELS TRENDS TRANSLATE TO THIRD GRADE READING OUTCOMES



SOURCE: New Hanover County Schools

Additionally, when scores are disaggregated by race, a persistent gap emerges between overall school averages and the performance of Black and Hispanic students. **On average, Black and Hispanic students score approximately 15% and 23% lower, respectively, on third grade reading assessments, with similar disparities visible at the school level.** These patterns reflect broader inequities in access to early learning opportunities and academic supports that influence literacy development in the early grades.

Prior research identifies third grade reading as a critical milestone in a child's academic trajectory, with reading proficiency closely associated with outcomes such as high school graduation. To explore this relationship in New Hanover County, we compared third grade reading performance with graduation rates at the corresponding feeder high schools. In 2025, the countywide graduation rate was 88.7%, while New Hanover High School's graduation rate was 82.3%, or 6.4 percentage points lower than the county average. **Every elementary school performing significantly below the county average in third grade reading feeds into New Hanover High School.** While not a causal relationship, the correlation between low third grade reading scores in New Hanover High School's feeder elementaries and the high school's lower graduation rate suggest that improving overall academic performance in the county lies in targeted interventions in these lagging schools.

Elevate Every Child, formerly known as the New Hanover County Schools Turnaround Task Force, works to address these differences through targeted intervention strategies in identified schools. Current data indicate the continued need for sustained investment in these schools and communities to improve reading outcomes, strengthen early academic supports, and close persistent achievement gaps.

Domain III: MATERNAL AND BIRTH MEASURES

Maternal and infant health outcomes are shaped by a range of factors that operate across the prenatal, perinatal, and postpartum periods. Research highlights the importance of timely access to care, availability of qualified providers, and broader health and social conditions influencing outcomes for both mothers and infants. Understanding these factors provides important context for examining patterns in birth outcomes and identifying opportunities to improve maternal and child health.

IMPORTANCE OF PRENATAL CARE FOR EXPECTANT MOTHERS

Access to timely and consistent prenatal care is widely recognized as a key factor influencing maternal and infant health outcomes. Research has consistently shown that early and regular prenatal care is associated with improved birth outcomes and reduced complications during pregnancy and delivery. Delayed or absent prenatal care increases the risk of serious complications such as seizures, hemorrhage, preeclampsia, eclampsia, blood clots, and other potentially life-threatening conditions for both the mother and fetus (Owen, 2025).

Maternal financial resources before and during pregnancy, along with the broader social determinants of health that shape those resources, play a central role in determining birth outcomes. Financial instability can limit access to consistent prenatal care, increase exposure to chronic stress, and constrain a mother's ability to manage health conditions during pregnancy. National evidence shows that nearly 23% of women report unmet health care needs due to cost during the perinatal period, and 54% experience some form of health care unaffordability or financial strain (Moniz et al., 2021). These barriers are not evenly distributed, with lower-income women significantly more likely to delay or forgo care. At the same time, broader economic conditions such as income, housing stability, and food access shape maternal health through both behavioral and physiological pathways, contributing to higher rates of preterm birth, low birth weight, and maternal complications among economically disadvantaged populations (North Carolina Budget & Tax Center, 2025).

Financial vulnerability also intensifies around the time of childbirth itself. Research shows that poverty rates increase in the months following a birth, particularly for first-time mothers and for women of color, highlighting how childbirth can act as a trigger for economic instability rather than a neutral life event (Garfinkel et al., 2023). While safety net programs help mitigate some of these losses, they do not fully prevent families from falling into poverty or eliminate persistent disparities. At the same time, evidence demonstrates that increasing financial resources during pregnancy is associated with improved outcomes. Income supports have been linked to increased prenatal care utilization and reductions in low birth weight and preterm birth (North Carolina Budget & Tax Center, 2025). Together, this evidence underscores that birth outcomes are shaped not only by clinical care, but also by the economic conditions surrounding pregnancy and early infancy, reinforcing the need for upstream investments in financial stability alongside access to high-quality care.

Prenatal care provides an opportunity for healthcare providers to monitor the health of both the mother and developing fetus, identify potential risks early, and offer guidance that supports healthy pregnancies (National Institute of Child Health and Human Development [NICHD], n.d.). Providers are often physicians, but expectant mothers can also receive quality care from nurse practitioners, physician associates, and trained midwives and doulas in community-based care settings. Prenatal care visits typically include physical exams, weight monitoring, and urine testing, with blood tests and ultrasound imaging often introduced later in pregnancy (NICHD, n.d.). These screenings help identify health concerns affecting the mother—such as preeclampsia or anemia—as well as potential risks to the fetus, including genetic conditions or birth defects. Early identification allows providers to monitor and manage these conditions more effectively. During prenatal visits, providers also discuss maternal health behaviors, answer questions about pregnancy, and offer guidance on nutrition, prenatal vitamins such as folic acid, and overall wellness during pregnancy (NICHD, n.d.).

As pregnancy progresses, prenatal care increasingly focuses on preparing families for childbirth and early infant care. Providers often discuss topics such as newborn sleep patterns, breastfeeding, infant nutrition, and immunizations (Owen, 2025). The recommended schedule for prenatal visits generally includes monthly visits during the first seven months of pregnancy (weeks 4–28), biweekly visits from weeks 28–36, and weekly visits after week 36 until delivery (Office on Women’s Health, 2025). Pregnancies that involve additional health risks may require more frequent monitoring to ensure the safety of both mother and child (Office on Women’s Health, 2025).

Access to prenatal care is a foundational component of maternal and infant health. Consistent access to prenatal services allows healthcare providers to identify complications early, provide health education, and support healthy behaviors during pregnancy. These preventive measures contribute to healthier pregnancies and improved birth outcomes for both mothers and infants.

MATERNAL AND PEDIATRIC CARE PROVIDERS

A maternity care desert is defined as a county where access to obstetricians, gynecologists, birth centers, and other maternal health providers is extremely limited or nonexistent due to significant barriers to care or the absence of facilities offering maternity services (March of Dimes, 2025). The growing lack of access to comprehensive maternity care, particularly in eastern North Carolina, reflects broader hospital system strategies that concentrate services in urban centers while reducing them in rural areas (Salas, 2025). These maternity care deserts increase travel times and raise the likelihood of premature and out-of-hospital births, elevating the risk of adverse maternal and infant outcomes (Stoneburner et al., 2026). Longer travel distances are also associated with delayed initiation and less consistent prenatal care, further increasing the risk of poor birth outcomes (Deng et al., 2024; Holcomb et al., 2021). Although hospitals without obstetric units may admit patients in labor, they are less likely to be equipped to manage obstetric emergencies and therefore cannot provide the same level of care (Stoneburner et al., 2026).

Efforts to address physician shortages have expanded medical school enrollment by more than 50% since 2002, but entry into the workforce remains constrained by limited residency training positions (Garcia & Hunter, 2022; Heiser, 2019). Physicians must complete residency before practicing independently, creating a bottleneck in the training pipeline. At the same time, states such as North Carolina have experienced declines in obstetric providers in recent years, further limiting timely access to care (Bartick et al., 2025). Policy strategies aimed at improving maternal and infant health outcomes must therefore address provider recruitment and retention.

There are also significant racial disparities in women's access to prenatal care. In North Carolina, Black women are 5.9% less likely than the state average to receive prenatal care during the first trimester and 13.2% less likely than white women (Division of Public Health, 2025). In 2022, nearly 15% of all Black infants were born preterm or with a low birthweight. One in ten Black mothers received late or no prenatal care, double the rate of white women (Hill et al., 2025). Additionally, doctor shortages are more common in areas with relatively high proportions of Black residents (Komaromy et al., 1996).

Recruitment strategies often include financial incentives such as loan forgiveness, scholarships, and grant programs designed to attract providers to high-need areas (Bartick et al., 2025; Garcia & Hunter, 2022; Montgomery et al., 2022). Federal initiatives, including the National Health Service Corps Loan Repayment Program and the HRSA Nurse Corps Loan Repayment Program, provide tuition assistance to clinicians who practice in underserved communities. States have also implemented targeted incentives. For example, Oregon offers income tax credits and assistance with medical liability insurance to obstetricians practicing in high-need areas, while Georgia's Preceptor Tax Incentive Program provides tax deductions to physicians who train medical residents in underserved communities (Garcia & Hunter, 2022).

Retention strategies are equally important. Research indicates that job satisfaction, flexible work arrangements, and opportunities for professional development influence providers' decisions to remain in the field (Alexander, 2024). Access to telework options, specialized training opportunities, and leadership pathways can strengthen retention, particularly in underserved areas. Efforts to reduce burnout are also critical, as obstetric and gynecologic providers experiencing burnout are more likely to reduce productivity or retire early (Becker et al., 2006; Vetter et al., 2019). Studies suggest that strategies promoting workplace engagement and community support can improve provider well-being and contribute to a more stable maternal health workforce (Alexander, 2024; Becker et al., 2006; Vetter et al., 2019).

BIRTH OUTCOMES

Preterm birth and low birthweight are two of the most common contributors to infant mortality (Hill et al., 2025). In North Carolina, the vast majority of infant deaths in 2023 were attributable to perinatal conditions such as maternal complications, premature birth, or low birthweight (99.1%), as well as birth defects (77.8%) (North Carolina Child Fatality Task Force, 2025). The state's infant mortality rate

(IMR) of 6.9 deaths per 1,000 live births ranks among the highest in the nation, placing North Carolina tenth nationally (North Carolina Child Fatality Task Force, 2025). These statistics underscore the importance of maternal health care not only during delivery but throughout pregnancy. Without consistent prenatal care, women experiencing high-risk or complicated pregnancies may remain unaware of potential health concerns, increasing the likelihood of severe complications during pregnancy and delivery for both mother and infant.

Significant disparities in maternal and infant health outcomes also persist across racial and ethnic groups. Black women, as well as Native American, Alaska Native, Native Hawaiian, and Pacific Islander women, are more likely than White women to receive late prenatal care—defined as beginning in the third trimester—or no prenatal care at all (Hill et al., 2025). These groups also experience higher rates of preterm birth (before 37 weeks gestation) and low birthweight (below 5.5 pounds), both of which are associated with increased risks for infant morbidity and mortality (Hill et al., 2025). Additionally, Black women face disproportionately high risks of adverse pregnancy outcomes. Research shows that Black women are more likely than white women to experience stillbirths, defined as pregnancy loss after 20 weeks of gestation, which are often associated with conditions such as diabetes and other maternal pregnancy complications (Gregory et al., 2023; Pruitt et al., 2020). Black mothers also experience higher rates of preeclampsia and are more likely to require admission to an intensive care unit during delivery (Horon, 2023; Liese et al., 2019; Somer et al., 2017).

Disparities in prenatal care access contribute to differences in infant and maternal birth outcomes. A report by the North Carolina Child Fatality Task Force (2025) revealed that Black children were three times more likely to die in infancy than white children in 2023, with IMRs of 12.9 and 4.7 deaths per 1,000 births, respectively (NC State Center for Health Statistics, 2024). Racial disparities in maternal and infant health outcomes remain evident even when controlling for social and economic factors, like income and education, in statistical models (Hill et al., 2025).

Evidence from a large study of 1.8 million Florida births showed that Black infants cared for by Black physicians had a substantially lower IMR, with the strongest effects for complicated births (Greenwood et al., 2020). However, the benefits of having a doctor with the same race appear limited to Black infant outcomes, as Greenwood and colleagues (2020) found that racial concordance did not have statistically significant impacts on outcomes among Black mothers or white infants and mothers. Notably, maternal mortality rates are also about three times higher among Black versus white mothers (Greenwood et al., 2020). According to the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (2025), most pregnancy-related deaths are considered preventable and stem from gaps in clinical knowledge, inconsistent quality of care, poor continuity across providers, and barriers to timely treatment.

These findings suggest that diversity in the medical workforce can contribute to improving outcomes for vulnerable populations. While Black and other underrepresented minority physicians are more likely to

practice in underserved areas and care for Medicaid patients, they remain significantly underrepresented compared to population demographics (Kington et al., 2001; McFarling, 2022). Recent data show modest growth in proportions of Black and Hispanic trainees in OB/GYN residency programs, but they still fall below their share of the general population (López et al., 2021). These findings emphasize the role that access to prenatal care and maternal health services plays in improving birth outcomes. Increasing access to and strengthening maternal health support, particularly for populations experiencing higher risks of adverse outcomes, remains an important strategy for reducing infant mortality and improving the health of mothers and infants.

APPROACHES TO IMPROVING MATERNAL CARE ACCESS

The maternal health workforce includes more than physicians. Community-based models, such as midwifery, doula care, and birth centers offer culturally responsive, patient-centered, and cost-effective care that has been shown to produce positive outcomes. Expanding access to this range of alternatives may also improve health equity by increasing access to maternity care for underserved populations (Gruber et al., 2013; Thomas et al., 2017). However, information can be another barrier to maternity care access, as many women are not aware of the breadth of provider types they can receive care from, even when they have insurance that covers these services (Urban Institute, 2023).

Midwives are often under-utilized providers, facing regulatory (e.g., lack of universal licensing process) and financial barriers (i.e., lack of or low insurance reimbursements) (Vedam et al., 2018). While 50% to 75% of births in other developed countries are attended by midwives, only 7% are attended by midwives in the US (Goodman, 2007). Evidence from a large Canadian study indicates that midwife-attended births, including high-risk pregnancies, were less likely to result in adverse outcomes than physician-attended births (Stoll et al., 2023). In a study of the impact of midwifery integration in health care systems, states with higher levels of integration had better birth outcomes, including higher rates of vaginal delivery and breastfeeding and lower rates of preterm birth, low birthweight births, and infant mortality (Vedam et al., 2018). North Carolina ranked the lowest for midwifery integration, signaling a service delivery gap that could be improved.

Doula care is also associated with healthy birth outcomes, including lower rates of preterm births, low birthweight births, delivery complications, and cesarean deliveries, and increased likelihood of breastfeeding (Gruber et al., 2013; Kozhimannil et al., 2013; Thomas et al., 2017). In addition, it can result in cost savings through reducing the rate of cesarean deliveries, as they are more expensive than vaginal deliveries (Kozhimannil et al., 2013).

While having an adequate number of maternal care providers is a critical component of ensuring care access, strategic multi-sector community partnerships can further support families who are experiencing additional barriers or have other unmet needs. These community partnerships can be developed and executed at the local level. An example of this model is the B'more for Healthy Babies program (BHB) in

Baltimore, Maryland for mothers and children on Medicaid. Participants are referred to HealthCare Access Maryland (HCAM) once identified through a prenatal risk assessment. HCAM offers a wide range of services by leveraging its centralized intake system and network of community partners. Services include focused outreach, care coordination (e.g., education, referrals to other programs and services like WIC, etc.), home visiting, doula care, and other supports. Notable impacts include increased rate of breastfeeding and decreased IMR, racial disparities in child outcomes, and prenatal nicotine use (Reid et al., 2024)

IMPORTANCE OF HOME VISITING PROGRAMS

Home visiting programs for families with infants offer a range of supports to promote healthy long-term development of the child. The Home Visiting Evidence of Effectiveness project (HomVEE) is a resource published by the Administration for Children and Families (ACF) that compiles literature reviews assessing home visiting programs throughout the US. HomVEE indicates whether each program is eligible for Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) federal funding based on whether there is sufficient research to consider the program “evidence-based.” NCDHHS received \$6,735,153 in total MIECHV funding for the 2025 fiscal year (Maternal & Child Health Bureau, 2025).

Components vary by program and may include case management, health and preventative care services, referrals to community resources, and education for caregivers on early development, lactation, nutrition, and positive parenting practices. Program goals often include promoting positive parent-child interactions, improving family stability, and fostering healthy child development. While home visits can appear and function similarly to in-office well-child visits with healthcare providers, home visiting programs employ a more comprehensive approach with much lower barriers to access. Most home visiting programs are reserved for vulnerable populations and restrict participation based on income or other criteria, but there are models with universal eligibility such as Family Connects (Duke Sanford Center for Child and Family Policy, n.d.).

In North Carolina, there are two home visiting programs that have been deemed evidence-based per HomVEE’s evaluation and receive MIECHV federal funding: Healthy Families America (HFA) and Nurse-Family Partnership (NFP). Other home visiting programs targeting maternal and child health that are offered in North Carolina include Attachment and Biobehavioral Catch-Up (ABC), Child First, Family Connects, Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers, SafeCare, Book Babies, Healthy Beginnings, and ParentChild+. Available programs vary by county.

The HFA program offers weekly visits from a trained Family Support Worker, who provides families with information about child development, nutrition, parenting, community resources, and support groups. Family Support Workers also monitor immunizations and well-child visit attendance, conduct developmental screenings, and provide case management. HFA is estimated to cost approximately

\$3,238 per family per year (Corso et al., 2022). In addition to MIECHV federal funds, HFA is supported by various other funding sources such as local Smart Start partners. Research on program impacts has shown a 48% reduction in infants born with a low birth weight and 27% reduction in homelessness among participating families (Healthy Families America, 2025). HFA has also demonstrated consistent improvement in positive parenting practices and reduction of child maltreatment (Healthy Families America, 2025).

In the NFP program, families receive visits from nurses to provide preventative maternal and infant healthcare, early developmental screenings, parenting education, and referrals to community resources. NFP costs approximately \$5,351 per family per year. Counties that offer the program use a variety of funding structures; in addition to federal MIECHV funds, sites often supplement the cost with other government, corporate, and philanthropic sources (Corso et al., 2022). Participation in NFP is associated with reduced preterm births, increased uptake of immunizations, and improvements in child development, school readiness, maternal health, and family economic security. Among North Carolina families in the program in 2023, 88% of infants were born full-term, 86% of mothers initiated breastfeeding, 85% of children received all recommended immunizations by 24 months, and 57% of parents were employed within 24 months (NCDHHS, 2024).

Analysis: MATERNAL AND BIRTH OUTCOMES IN NEW HANOVER COUNTY

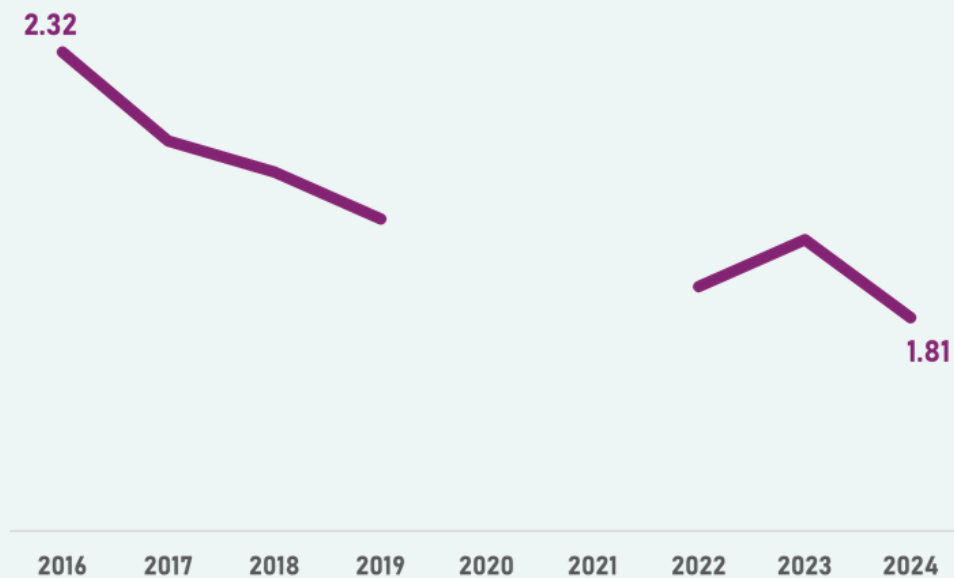
The following section outlines the current landscape of maternal and birth outcomes in New Hanover County. **Compared to the state average, New Hanover County performs approximately 4% better on birth outcomes, supported by the access and the availability of both general and specialty OB-GYN providers.** Compared to the statewide average, New Hanover County reports 66% fewer mothers receiving late or no prenatal care, with 5.6% of mothers beginning care in the third trimester or receiving no prenatal care. In comparison, the statewide rate is 9.3%.

However, prenatal care should start in the first trimester of pregnancy. Mothers who receive early prenatal care are less likely to have adverse birth outcomes and doctors are more likely to identify complications with fetal development and potential health risks to the mother. New Hanover County does have a markedly lower percentage of mothers who receive early prenatal care in their first trimester of pregnancy than the state overall. In 2023, about 64% of mothers in New Hanover accessed prenatal care in their first trimester, compared to 72% of all mothers in North Carolina.

The availability of general and specialty obstetricians and gynecologists (OBGYNs) in a community is one important factor in improving prenatal care access. New Hanover County currently has 1.8 general and specialty OBGYNs per 10,000 residents, compared to the statewide rate of 1.4 OBGYNs per 10,000 residents. While this suggests slightly greater provider availability locally, both the county and the state

have experienced steady declines in the number of OBGYN providers since 2016. The chart below illustrates this decline in OBGYN availability over the past decade.

THE AVAILABILITY OF OBGYN PROVIDERS DECREASED BY 22% SINCE 2016



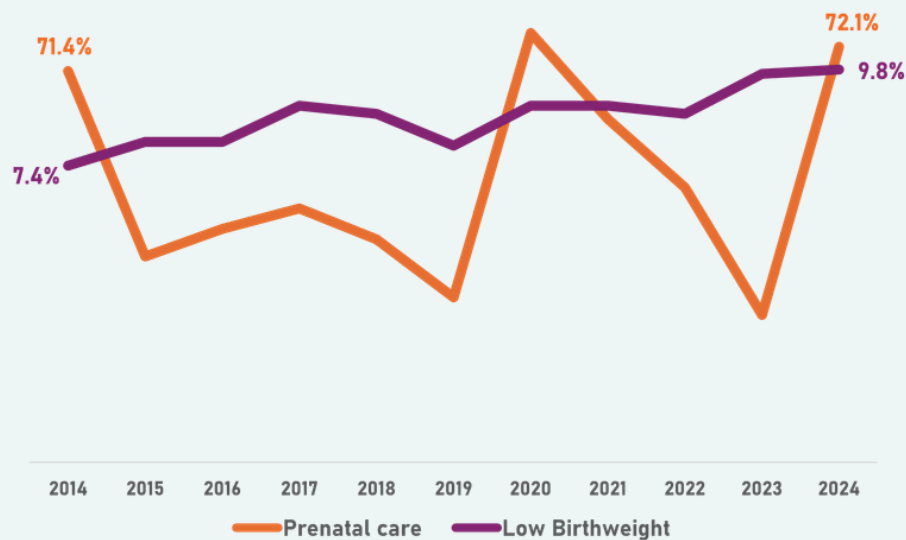
SOURCE: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, UNC Chapel Hill

NOTE: Due to COVID-19, Data were not collected in 2020 and 2021. In addition, Provider counts include active, licensed physicians (excluding those in training or federally employed) and are based on primary practice location. Population estimates are from the NC Office of State Budget and Management.

As children are born in New Hanover County, many birth outcome indicators align closely with statewide trends. In 2024, there were 2,213 live births in the county, with 10.5% of babies born preterm, slightly lower than the statewide average of 10.7%. This percentage has remained relatively stable over the last decade. In the same year, 9.8% of infants were born at a low birthweight, defined as weighing less than 5 pounds, 8 ounces (2,500 grams) at birth (Stanford Medicine, 2026). While this rate is comparable to statewide levels, the percentage of infants born with low birthweight in New Hanover County has steadily increased over the past decade, as illustrated in the chart below.

A declining percentage of mothers in New Hanover County receiving prenatal care during the first trimester offers one explanation for rising rates of babies born with low birthweights. In 2014, just 7.4% of New Hanover County children were born with low birthweights, and, in the same year, roughly 71% of mothers accessed early prenatal care. Since then, New Hanover County has seen low birthweight rates climb while the percentage of mothers accessing early prenatal care has fluctuated over the past decade, stabilizing at 72.1% in 2024. The year-to-year fluctuations in utilization of prenatal care in the first trimester could help explain the increased rates of children born with a low birthweight.

FLUCTUATIONS IN EARLY PRENATAL CARE COINCIDE WITH INCREASING LOW BIRTHWEIGHT RATES



SOURCE: North Carolina Department of Health and Human Services, NC State Center for Health Statistics & North Carolina Department of Health and Human Services, Vital Statistics

Another theory for increasing low birthweight rates concerns the heavy influence of multiple social, demographic, and environmental factors beyond healthcare access. Low socioeconomic status, neighborhood conditions, and food insecurity can all contribute to chronic stress among mothers, which is linked with higher rates of adverse outcomes such as low birthweight. These social determinants of health can persist even when prenatal care access improves.

Other factors that could help explain the increase in low birthweight rates include changes in the population of pregnant individuals. Characteristics such as increased maternal age or higher rates of chronic diseases, such as diabetes and hypertension, can also increase the risk of delivering low birthweight infants. In 2024, 22.2% of expectant mothers in New Hanover County were 35 years old or older, compared to 19.2% of expectant mothers in North Carolina.

While babies born with low birthweights have increased steadily over the past decade, infant mortality rates have declined since the highest reported statistic in 2018, at 7.5 deaths per 1,000 live births. In 2024, NCDHHS reported a provisional infant mortality rate of 4.9 deaths per 1,000 live births for New Hanover County, compared to the statewide average of 6.3 deaths per 1,000 live births, meaning that county infant mortality rates are 23% lower than the state average.

The final key indicator used to evaluate maternal and infant health measures is the availability of pediatric care. While families may seek care for their children through a variety of providers—including family

nurse practitioners, physician assistants, and general family medicine physicians—this analysis focuses specifically on the availability of general pediatricians. As of 2024, New Hanover County has 1.48 general pediatricians per 10,000 residents, slightly lower than the statewide rate of 1.58 pediatricians per 10,000 residents. Although the provider rate has declined slightly, this appears to reflect population growth rather than a reduction in the number of pediatricians. In fact, the total number of pediatric providers in the county increased from 34 in 2016 to 36 in 2024. The availability of pediatric providers remains an important component of early childhood health systems, as pediatricians play a central role in monitoring child development, providing preventive care, and connecting families to early screening and intervention services.

Domain IV: SOCIAL DETERMINANTS OF HEALTH

Children’s health and development are influenced not only by direct services such as health care and early education, but also by broader conditions that shape family stability and access to essential resources. Factors such as transportation access, housing stability, food security, and the availability of health care services can significantly affect families’ ability to meet their children’s basic needs. Understanding these community conditions provides important context for identifying barriers families may face and opportunities to strengthen support systems for children.

TRANSPORTATION ACCESS

Transportation accessibility is commonly defined as “the ease and feasibility of reaching valued destinations,” often measured through indicators such as access to transit and proximity to key destinations (Owen et al., 2016). Xiao and colleagues (2017) identified four dimensions of transportation disadvantage: access to physical infrastructure and public services, access to food and education, access to medical care, and access to commercial and employment opportunities. These dimensions illustrate how limited transportation can affect multiple aspects of daily life. Access to destinations is strongly associated with employment opportunities, social inclusion, and community engagement (Hu, 2015; Xiao et al., 2017). For families with young children, transportation is essential for accessing health care, early education, grocery stores, and other critical services, as well as family-friendly settings like parks and play spaces. Families facing transportation barriers have limited options for child care and early education and are more likely to miss infant well-child visits and other important health appointments (Vincelot & Watanatada, 2019; Zolotor et al., 2024).

The North Carolina Department of Transportation identifies several populations that are more likely to experience transportation disadvantage, including older adults, individuals with disabilities, limited-English-proficient populations, individuals with low socioeconomic status, community college students, widows, and migrant populations (Lane et al., 2014). Research examining rural North Carolina communities suggests that traditional data sources, such as Census data, may not fully capture

transportation barriers. Combs and colleagues (2016) emphasize the importance of incorporating local knowledge and examining informal transportation networks when identifying transportation-disadvantaged areas.

A range of strategies have been identified to address transportation barriers. Expanding transportation options through bus systems, light rail, bike lanes, and pedestrian infrastructure, can improve access to employment, services, and community resources (Urban Institute, n.d.). Reliable transit schedules that operate during evenings, nights, and weekends are particularly important, as many entry-level jobs in sectors such as retail, food service, and manufacturing require non-traditional work hours. Shortening distances to important destinations (e.g., health care providers, child care, and grocery stores) mitigates transportation disadvantage, and city planners could better understand local access barriers related to transportation by mapping distances between these key destinations and family neighborhoods. The Institute for Transportation & Development Policy recommends ensuring transportation distances of 20 minutes or less and prioritizing shorter distances for families in low-income neighborhoods (Vincelot & Watanatada, 2019).

Affordability also plays a key role in transportation access. Research shows that financial incentives, including free or discounted transit passes, transit reimbursements, or pre-tax payroll deductions, can increase public transit use and improve access for lower-income populations (Case et al., 2023). Policies that increase the cost of driving, such as higher fuel prices or parking fees, can also shift travel behavior toward public transportation (Case et al., 2023). Because transit-dependent riders are particularly sensitive to fare changes, distance-based fare reductions may help ensure that transportation systems remain accessible to families who rely on public transit (Chen et al., 2011; Farber et al., 2014).

HOUSING STABILITY

Housing instability refers not only to frequent moving, but also difficulty making rent, mortgage, or utility payments; overcrowding; and risk of eviction and homelessness. Safe, stable housing is associated with better child health and academic outcomes, as well as decreased likelihood of child welfare involvement (Yordy, 2025). Families experiencing housing instability or homelessness are more likely to miss infant well-child visits (Zolotor et al., 2024). Frequent moving due to housing instability also has a negative impact on elementary and middle school students' reading and math skills (Cutuli et al., 2012; Cutuli et al., 2013; Grigg, 2012; Voight et al., 2012). Due to North Carolina's consistently increasing population, rising housing costs, slowed housing development, and widening gap between median wages and rent costs, the proportion of the population experiencing housing insecurity has grown significantly since the COVID-19 pandemic (Bertolotti, 2026; Rosenfeld, 2023). Consequently, affordable housing has become a priority policy issue in the state.

Broadly, strategies to address housing instability include increasing the availability and accessibility of affordable housing and offering targeted support to families experiencing instability. Mixed-use and inclusionary zoning laws, financial assistance for first-time homebuyers, and rental housing vouchers can

help address issues related to housing availability and accessibility (Yordy, 2025). The Housing Choice Voucher program, also known as Section 8, is a public assistance program that reduces the housing cost burden on families with low incomes through supplemental vouchers. Children in families receiving vouchers are less likely to be placed in foster care, experience sleep disruptions, or demonstrate behavioral problems (Gubits et al., 2016). However, Housing Choice Vouchers are in high demand and increasingly difficult to access, with many local housing authorities reporting long waitlists, restricting application windows, or closing their waitlists until further notice.

Targeted approaches for vulnerable families include supportive housing programs (i.e., programs connecting housing with other services like case management, health care, and employment support) and cross-sector partnerships across systems that families experiencing instability interact with, such as county Departments of Social Services, local Head Start programs, and community nonprofit organizations (Garcia et al., 2021). These supportive housing and community partnership models have strong evidence of cost-effectiveness and positive program outcomes among children and their caregivers (Corporation for Supportive Housing, 2025; Garcia et al., 2021). Garcia and colleagues (2021) note that aligning ECE policies with housing support goals can be an efficient strategy for improving outreach and service delivery. For example, if ECE programs were required to prioritize serving families experiencing housing insecurity, or child care quality rating systems and subsidy eligibility incorporated provisions for this population, vulnerable families could gain increased access to both ECE and supportive services. Additionally, co-locating ECE programs (e.g., Head Start, NC Pre-K, private programs), important family services (e.g., health clinics, local WIC offices) and affordable housing developments facilitates access to critical services, particularly for families that are also transportation-disadvantaged.

FOOD ACCESS AND SECURITY

Access to nutritious food is a critical component of maternal and child health. Research indicates that food insecurity is associated with higher likelihood of infant mortality, demonstrating the importance of adequate nutrition during pregnancy (Cassidy-Vu et al., 2022). A number of factors can contribute to food insecurity, including affordability and food deserts.

Children experiencing food insecurity tend to have poorer overall health, including higher risk of asthma, anemia, stunted growth, and hospitalizations (Frongillo et al., 2024). Frongillo and colleagues' (2024) meta-review also found that US children in food-insecure households are more likely to be underweight or obese, complementing the finding that they typically have less nutritious diets, with a lower intake of vegetables and higher intake of foods with added sugars.

Childhood food insecurity impacts academic and social-emotional outcomes as well. Experiencing food insecurity is associated with poorer vocabulary, reading, and math test scores; greater absenteeism; and reduced likelihood of graduating high school. In addition, children in food-insecure households have higher rates of chronic stress and behavioral problems. Shankar and colleagues (2017) found differential impacts based on age group: infants and toddlers showed weaker relationship attachments and lower

scores on cognitive assessments, while preschool-aged children exhibited higher rates of internalizing and externalizing behaviors and impaired emotional regulation and interpersonal skills. Food insecurity among school-aged children was also associated with higher rates of internalizing and externalizing behaviors and impaired interpersonal skills, as well as higher levels of hyperactivity, inattention, aggression, and absenteeism (Shankar et al., 2017).

Interventions aimed at addressing food insecurity among families with children typically target food access (i.e., affordability and feasibility of obtaining adequate, nutritious food), behavior modification (i.e., education and promotion of healthy food choices, confidence in home cooking skills), or both. Many interventions are school-based; for example, school breakfast programs or the federal Free and Reduced-Price School Lunch program (FRPL) (Russo et al., 2020). Research does not appear to support the hypothesis that school breakfast programs can lead to decreased body mass index (BMI), and it has produced mixed results regarding effects of school breakfast programs on academic performance (Abouk & Adams, 2022; Corcoran et al., 2016). However, among middle and high school students, skipping breakfast is associated with poorer attention and academic outcomes (Boschloo et al., 2012). Policy research also highlights the role of economic incentives in improving food access. Subsidies that lower the cost of nutritious foods and taxes that increase the cost of less healthy foods have been identified as effective strategies for improving dietary behaviors and reducing food insecurity (Russo et al., 2020).

UTILIZATION OF PUBLIC ASSISTANCE PROGRAMS

Public assistance programs play an important role in supporting the health and economic stability of families with children. Eligible children and families can benefit from several types of public assistance programs, including cash aid and in-kind assistance programs. Over the past two decades, the share of children living in families receiving public assistance has risen in most states, including North Carolina (Annie E. Casey Foundation, 2019).

The programs most commonly used by families are Medicaid and the Children's Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), and the Free or Reduced-Price School Lunch Program (FRL) (King, 2022). Other types of assistance for families with children are the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Temporary Assistance for Needy Families (TANF); and child care vouchers. Though not specific to families, additional public assistance programs include Supplemental Security Income (SSI), Section 8 housing vouchers, the Low Income Home Energy Assistance Program (LIHEAP), and unemployment compensation (King, 2022). All aforementioned programs are federally-funded with a state match funding structure.

Utilization of public assistance is associated with better child health outcomes and academic performance (Annie E. Casey Foundation, 2019). Some studies suggest that cash assistance during pregnancy reduces the risk of low birthweight, an important indicator of newborn health (The Budget Lab at Yale, 2024). Participation in WIC during pregnancy is associated with reduced risk of preterm and low weight births

and lower rate of infant mortality (Venkataramani et al., 2022). Investments in children's health and education via supports like public assistance programs are associated with strong short-term and long-term returns (Farr et al., 2024). Programs targeting childhood poverty and very young children (i.e., birth to three years) also tend to be particularly cost-effective (Farr et al., 2024). The benefits of public assistance are often not limited to a program's stated purpose; for example, SNAP is effective at reducing food insecurity, and children who have adequate food intake and nutrition are more likely to have better overall health and school performance. Access to vouchers for child care and housing enables caregivers to participate in the workforce and reduces financial stress, which improves their and their children's mental health, allows children to gain more from their early education programs, and increases caregivers' earnings and job stability (Evans & Garthwaite, 2014; Farr et al., 2024).

Effective early investments in children's education and health have sustained benefits throughout the lifespan, leading to higher likelihood of graduating high school, pursuing college, and participating in the workforce, as well as lower likelihood of interacting with the criminal justice system and having serious health conditions (Bailey et al., 2020; Farr et al., 2024). In addition to experiencing a better quality of life, healthy, working adults contribute to local tax revenue, stimulate the economy by spending more earned income, and require fewer public expenditures for services like emergency healthcare or criminal justice proceedings (Farr et al., 2024).

ACCESS TO HEALTHCARE FOR CHILDREN AND FAMILIES

NC Medicaid covers 37% of all births in the state (NC Medicaid Division of Health Benefits, 2026). The proportion of Medicaid beneficiaries in each county ranges from 18% to 39%, with the highest rates in the northeastern region of the state, where infant mortality rates also tend to be greater than the state average (NC Medicaid Division of Health Benefits, 2026). However, there are still barriers to care, like transportation, for those who are insured. Women on Medicaid are less likely than privately insured women to receive prenatal care during the first trimester of pregnancy (NCDHHS Division of Public Health, 2025).

In addition to standard Medicaid, the state of North Carolina offers several programs for healthcare coverage and supportive services during pregnancy and following delivery, though access varies due to administration at the county level:

- **Pregnancy Medical Home (PMH):** The PMH program, also known as the Pregnancy Management Program or Care Management for High-Risk Pregnancies (CMHRP), provides coordinated healthcare for women who are pregnant or recently gave birth and already beneficiaries of Medicaid (NC Medicaid Division of Health Benefits, 2022; NC Medicaid Division of Health Benefits, 2025). The six core components of the PMH model are a statewide provider network, standardized risk screening, community-based care management, local clinical leadership, care pathways, and informatics (Community Care of NC [CCNC], 2023). By 2021, the statewide provider network

included 95% of practices serving pregnant women covered by Medicaid (CCNC, 2023). Patients determined to have high-risk pregnancies receive comprehensive case management. They must see an approved provider to receive services, and providers can opt-in to the program by agreeing to guidelines set by the state; for example, PMH providers must agree to chart audits, complete high-risk screenings on patients, and decrease the rate of cesarean sections. NC Medicaid is able to run the PMH program through partnerships with Community Care of NC (CCNC), the Division of Public Health (DPI), local health departments, and other stakeholders (Medicaid and CHIP Payment and Access Commission, 2021; NC Medicaid Division of Health Benefits, 2023).

- **Medicaid for Pregnant Women (MPW):** The MPW program provides healthcare coverage for services related to pregnancy and delivery, including up to two months of postpartum coverage. Infants may receive healthcare coverage for up to twelve months (North Carolina Pregnancy & Opioid Exposure Project, n.d.).
- **Care Management for At-Risk Children (CMARC):** The CMARC program provides care management services for children with specific risk factors, including those who required treatment in a Neonatal Intensive Care Unit (NICU), have chronic medical conditions, have been exposed to drugs, are experiencing long-term stressful circumstances (e.g., exposure to adverse childhood experiences), or are in foster care. Children who are not covered by Medicaid are also eligible. Program partners include CCNC, the NC Division of Child and Family Well-being (DCFW), and the NC Division of Medical Assistance (NCDHHS, n.d.).
- **Medicaid for Families with Dependent Children:** Through this program, low-income parents can be eligible for Medicaid coverage until their child is 18-years-old, and children can be covered until they reach 21-years-old. In some circumstances, pregnant women may also be eligible (North Carolina Pregnancy & Opioid Exposure Project, n.d.).

Currently, the programs specifically targeting maternal and child health that New Hanover County offers are the Pregnancy Management Program (known as Pregnancy Care Management in New Hanover County), MPW, CMARC (known as Early Childhood Care Management for Children in New Hanover County), and Medicaid for Infants and Children (New Hanover County Health & Human Services [New Hanover HHS], n.d.-a; New Hanover HHS, n.d.-b).

Most policy initiatives targeting care access focus on health care coverage and benefits, service delivery, and monitoring and oversight (Khanal, 2021). Many recommended solutions are at the state level, such as expanding Medicaid coverage and raising reimbursement rates or revisiting and standardizing provider licensing requirements (Pierce-Wrobel & Green, 2019). Many states have established quantitative criteria for travel times or distances to essential healthcare services, as well as provider-to-enrollee ratios for specific specialties (Bartick et al., 2025). There are standards for travel time in 26 states, and 15 states use provider-to-enrollee ratios, though few apply these standards specifically to obstetric care (Bartick et al., 2025). However, at the local level, promoting the availability of and access to a wide range

of care providers through strategic partnerships and outreach also has the potential for meaningful impact.

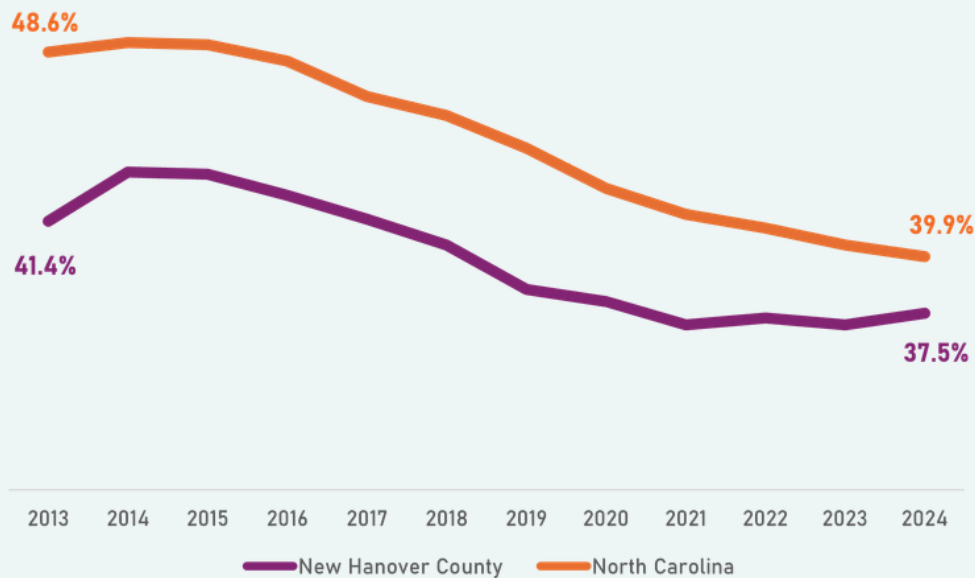
Analysis: SOCIAL DETERMINANTS OF HEALTH IN NEW HANOVER COUNTY

The following section reflects the current social determinants of health indicators in New Hanover County. Through our comprehensive composite score analysis, **New Hanover County performs about 8% better than the state average across the five weighted social determinants of health indicators.** While the county performs better than the state on most indicators, there are still opportunities for investment to continue to improve outcomes for children and families.

To begin, 37.5% of children in New Hanover County live in poor or low-income households, two percentage points lower than the statewide average. Children in poor or low-income homes live in households with incomes below 200% of the federal poverty level, or \$62,400 per year for a family of four. While this indicates slightly stronger economic conditions locally, nearly four in ten children still live in families that may face barriers to economic mobility, including challenges related to housing stability, food access, and quality child care. Encouragingly, these rates have steadily declined in New Hanover County since 2013. Similar improvements have occurred statewide, although the gap between New Hanover County and the state average has narrowed in recent years, as shown below.

Differences between the county and state become more pronounced when examining poverty rates specifically. In New Hanover County, 14% of children under age 18 live in poverty, compared to 16.6% of children statewide, representing rates that are nearly 16% lower than the state average. A similar pattern emerges when examining deep poverty, which reflects families living far below the federal poverty threshold (under 50% of the poverty line or \$15,600 for a family of four in 2024) and often experiencing more severe financial hardship. In New Hanover County, 6.6% of children live in deep poverty, compared to 8.5% of children across North Carolina. While these figures suggest relatively lower levels of poverty locally, they still represent a significant number of children growing up in households facing persistent economic challenges.

PERCENTAGE OF NEW HANOVER COUNTY CHILDREN IN POOR OR LOW-INCOME HOUSEHOLDS LESS THAN THE STATE AVERAGE, THOUGH THE GAP IS SHRINKING



SOURCE: US Census Bureau American Community Survey

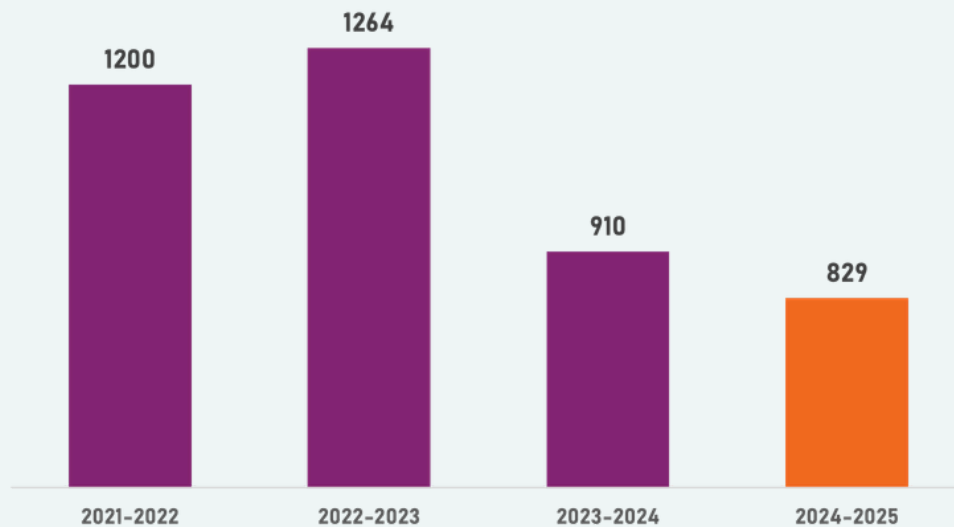
Similarly, the percentage of children experiencing food insecurity in New Hanover County has declined in the long-term. Currently, 15.3% of children in the county are food insecure, meaning that more than 6,400 children lack consistent access to enough nutritious food. This represents a substantial decline from 23.7% of children living in food insecure households in 2010, immediately following the Great Recession. However, in recent years, New Hanover County and the state have seen a strong increase in childhood food insecurity. After falling to a low point of 12.3% in 2021, New Hanover County's food insecurity rate jumped up to four percentage points to 16.4% in 2022, reflecting the rising cost of grocery prices across the country. Food inflation started to slow in 2023, but child food insecurity rates remain above 2021 levels.

Food insecurity can also be influenced by families' ability to access grocery stores and other sources of nutritious food. Reliable transportation plays an important role in determining whether families can reach affordable food retailers, particularly in areas where grocery stores are not located within walking distance. In 2024, 4.9% of households in New Hanover County reported not having access to a vehicle, compared to 5.6% of households statewide. While this indicates slightly greater vehicle access locally, households without reliable transportation may still face barriers to consistently obtaining nutritious food, particularly when combined with affordability challenges or limited nearby food retailers.

Housing insecurity also affects a portion of families in New Hanover County. During the 2024–2025 school year, 3.3% of students experienced housing insecurity, compared to a statewide rate of 2.8%.

Housing insecurity can include situations such as homelessness, living in temporary or overcrowded housing, or experiencing frequent moves due to financial instability. These disruptions can create challenges for children and families, including difficulties maintaining consistent school attendance, accessing services, and sustaining stable routines at home. While the difference between the county and statewide rates is relatively modest, the data still represents hundreds of students experiencing housing instability, underscoring the importance of stable housing as a foundation for child well-being and academic success. One encouraging trend in the data is the decline in McKinney-Vento enrollment among NHCS students, which fell by 31% from 2021 to 2025 following the COVID-19 pandemic.

NUMBER OF CHILDREN ENROLLED IN NHCS UNDER MCKINNEY-VENTO DESIGNATION DECLINED BY 31% WITHIN TWO SCHOOL YEARS



SOURCE: New Hanover County Schools, McKinney Vento Statistics

ACCESS TO HEALTH INSURANCE, MEDICAID, AND PUBLIC ASSISTANCE PROGRAMS

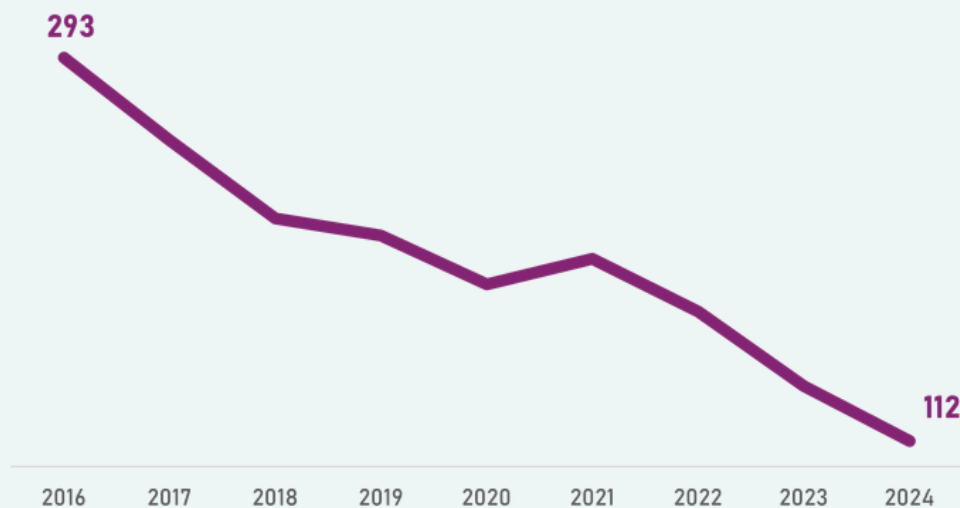
While several indicators of the social determinants of health have improved in New Hanover County, access to health care for children remains an area that warrants closer attention. Uninsured children declined by 1.2 percentage points between 2023 and 2024, yet 6.2% of children in New Hanover County remain uninsured, which is 11% higher than the statewide rate of 5.5%. One factor that may contribute to this difference is lower participation in Medicaid programs at the county level. In New Hanover County, 43% of children are enrolled in Medicaid, compared to 53.6% of children statewide. This gap in coverage highlights the need to better understand barriers to enrollment and access to public health insurance among eligible families.

One of the most widely used public assistance programs addressing food insecurity in New Hanover

County is the Supplemental Nutrition Assistance Program (SNAP), which provides monthly benefits to help eligible households purchase food. In 2024, 47% of households with children in New Hanover County received SNAP, compared to 49.6% statewide. New Hanover's rate represents a 2.5 percentage point increase from 2019, indicating that a growing share of families with children have relied on food assistance in recent years. SNAP benefits help reduce food insecurity by increasing households' ability to purchase groceries and maintain more consistent access to nutritious food, particularly for families with limited incomes.

Temporary Assistance for Needy Families (TANF), known as Work First in North Carolina, is a public assistance program designed to support families with children experiencing financial hardship. The program provides temporary cash assistance and employment services to help families meet basic needs while supporting caregivers in obtaining and maintaining employment. In addition to financial support, Work First may offer services such as job training, employment counseling, and referrals to other community resources aimed at promoting long-term economic stability for families with children.

UTILIZATION OF TANF DECLINED BY 61% FROM 2016-2024



SOURCE: NC Department of Health & Human Services and the UNC Jordan Institute for Families

In New Hanover County, participation in Work First has declined substantially over the past decade, decreasing from 293 families served in 2016 to 112 families in 2024. This decline may reflect a combination of factors, including improved economic conditions for some families, changes in eligibility requirements, and barriers to accessing the program. At the same time, the reduction in participation suggests that relatively few families with children are receiving cash assistance through Work First despite the continued presence of child poverty in the county.

CONCLUSION

The research in this report points to how closely connected early childhood systems are in shaping outcomes for children. Access to early childhood education, stable caregiving relationships, early intervention services, and access to maternal and infant health care all influence children's development, particularly in the earliest years. Conditions outside of these systems, such as housing, food access, transportation, and economic stability, also play a significant role in whether families can consistently access and benefit from available services.

Data from New Hanover County reflects many of these patterns. Although the county performs above the state average on several indicators, gaps remain in access to child care, early intervention supports, and outcomes across groups of children. Differences in early literacy, lower participation in early intervention, gaps in health coverage, and ongoing challenges within the early childhood system point to areas where additional focus is needed. Improving coordination across systems and directing resources toward areas of greatest need will be important for ensuring that all children in the county have consistent access to the support that contribute to strong early development and long-term success.

Part II:

Community Perspectives

To ensure that our recommendations are truly community-informed, NC Child conducted focus groups with parents, child care teachers, and child care directors in New Hanover County. We also held key informant interviews with key stakeholders and community leaders in the county who provide services and resources to children and families. More details on our qualitative methodology can be found in the Appendix.

SECTION 1: CHILD CARE ACCESS AND AFFORDABILITY

For many families in New Hanover County, availability and affordability of child care go hand in hand. We sought to understand how easily accessible child care is for families in New Hanover County and, if accessible, how affordable it is for families.

CHILD CARE SLOT AVAILABILITY AND WAITLISTS

Participants identified several factors that make child care difficult to access in New Hanover County. Center hours often do not align with families' work schedules, and late pick-up fees create additional financial strain. As one parent explained, "we need time before those windows of normal business hours to drop off and pick up." These challenges are particularly burdensome for parents who work weekends, second shifts, or other nontraditional schedules, as many child care programs do not operate during those hours. Limited slot availability further compounds these challenges, forcing some families to rely on part-time care or leave child care altogether because paying for only a few hours of care each day is not financially feasible.

Additionally, finding a child care program that is affordable, has available openings, and does not require a lengthy waitlist can be overwhelming for families. Even when parents secure a place on a waitlist, there is often no indication of when, or if, a space will become available. One parent reported remaining on a waitlist for 15 months before ultimately leaving the workforce to care for her children. Parents also recognized that lengthy waitlists are driven, in part, by workforce shortages, acknowledging that many programs lack the teachers needed to serve additional children. While information about child care providers may be publicly available, parents consistently described the process of identifying a program that meets their family's needs, determining whether it is affordable, and securing an available slot as far more difficult than simply locating a list of providers. As one New Hanover County parent explained:

"I mean, it's easy like to Google "Child care in Wilmington" and it'll come up with a bunch of results. But actually, easy in scheduling tours and finding out what the cost is and when there's availability to get in? That's not easy." (New Hanover County Parent)

Several parents described transportation as a barrier to accessing child care. Families with limited access to reliable transportation face additional challenges getting children to and from child care, particularly in areas with limited public transit or ride-share options. Transportation barriers also make it more difficult

for families to access other essential services and resources. As one parent noted, "There's no Ubers. There's no Lyft's. There's no buses. There's no taxi vouchers for these families to get their kids to school and/or to get to work."

When we asked providers about child care availability, they consistently identified staffing as the primary factor determining how many children they are able to serve. Many providers reported having licensed classrooms that sit empty because they do not have enough teachers to staff them. One NC Pre-K director shared that their program currently has eight unused classrooms due to staffing shortages. Another director described situations in which parents must wait at drop-off each morning to find out whether enough staff are available for their child to attend that day. One director explained how these staffing challenges affect families, stating:

"I had one [center] where they said [parents] had to wait in the lobby until a certain time because...the corporate computer data told them that their next teacher can clock in at 8:00 or 8:15 or whatever. And so, they would have to wait in the lobby, and if they were the next in line, they could drop their kids off. Until that, they were full. And one family waited for 40 minutes one day. Obviously, that threw off their whole day." (New Hanover County Child Care Director)

Providers also reinforced what parents shared about lengthy waitlists. Several noted that many families begin searching for child care as soon as they learn they are expecting because waitlists at some programs can exceed one year. As a result, families often spend months waiting for care before a slot becomes available.

CHILD CARE COST FOR FAMILIES

"It's not affordable. Long story short, it's not." (New Hanover County Parent)

Cost emerged as one of the most significant barriers families face when accessing child care in New Hanover County. Across every parent focus group, participants described the challenge of finding high-quality child care that fits within their household budget. Financial burdens begin even before a child enrolls in care. Many parents reported paying waitlist fees at multiple child care programs because there is no certainty about when a space will become available. Parents also described a lack of transparency around waitlist fees and tuition costs, making it difficult to compare programs and identify options that meet both their financial circumstances and their child's needs. As a result, many families reported having to choose between the child care program they preferred and the one they could afford. One parent explained:

"Finding somewhere that was affordable and also, like, had good reviews...having access and finding those things, I feel like, was a little difficult when I was trying to, like, map out all the best options." (New Hanover County Parent)

Parents also described the financial burden of paying for child care even when their child is not attending, such as during the summer months or extended absences due to illness. Maintaining a child's enrollment often requires families to continue paying tuition regardless of attendance, creating additional financial strain, particularly for parents who work seasonally or are employed on 10-month school schedules. Child care directors acknowledged that this creates a significant challenge for families while also emphasizing the difficult financial realities providers face. Many explained that tuition revenue is necessary to cover ongoing operating expenses, leaving a gap between what programs must charge to remain financially viable and what many families can reasonably afford. As one director explained:

*"It's just accessibility to what you're able to pay versus, you know, what we need to charge in order to keep the doors open and keep our staff, you know, paid what they deserve. I think that's a big gap."
(New Hanover County Child Care Director)*

While child care subsidies help offset the cost of care for eligible families, navigating the subsidy system can be challenging. Several participants described administrative processes that create barriers to maintaining assistance, particularly during recertification. One county social services leader explained that families often lose their subsidy because recertification requirements can be unclear or easily overlooked, stating:

"[Parents] receive a note of a recertification form in the mail, right?... What we found is that a lot of people would receive the notification, and they would actually not know what it was or not pay attention to it. So, in New Hanover County, when it's their time for a recertification, I've set up a program that we actually also send them a blast text to let them know that it's time for recertification. Because North Carolina policy is not very forgiving if you don't complete your recertification form." (New Hanover County Community Leader)

Even when qualifying families can successfully access and maintain child care subsidies, many continue to face affordability challenges. Directors described the gap between child care subsidy reimbursement rates and the cost of operating a child care program. Many explained that they must charge families the difference between the subsidy reimbursement and their tuition, which can still place child care out of reach for some families. Others reported that they are unable to accept subsidies because current reimbursement rates do not cover the cost of providing care. Directors consistently noted that subsidy reimbursement rates have not kept pace with the true cost of care, increasing educator compensation, and the rising cost of living in New Hanover County. As operating costs continue to rise, annual tuition increases can erode much of the financial relief that subsidies provide for families. One child care director explained that:

“Over the last four or five years or so, they have increased the market rate...which is helpful, but it seems like...it still doesn't catch up. It doesn't make that gap... we basically review our tuition every year. I mean, we give our teachers raises every year, and our tuition typically goes up by about what we will be increasing pay rates. And so, each time it goes up, then that gap gets a little bigger. But you can't keep teachers otherwise. I think they have also increased what families can make, but it's still not enough to get people on vouchers that really need them. The people that fall at that little borderline, they are struggling a lot.” (New Hanover County Child Care Director)

Parents also discussed the challenges associated with the benefits cliff, noting that even small increases in household income can make families ineligible for child care subsidies. At the same time, several participants highlighted that some families earn too much to qualify for assistance but still cannot afford the full cost of child care. Many described working primarily to pay for child care, while others shared that the cost of care ultimately led them to leave the workforce altogether because returning to work no longer made financial sense. These challenges extend beyond individual families and can also affect the local economy when parents are unable to remain in the workforce due to child care costs. One parent reflected:

“I never thought that I was going to, like, be a stay-at-home parent. I've always just said I was going to go back to work. But then once, you know, we actually started looking at the numbers and everything... I can't go back financially right now because it just doesn't make sense for me to basically just pay for them to be in daycare. So, I feel like if we had better quality and more affordable daycare, like, people would stay in jobs.” (New Hanover County Parent)

Parents consistently acknowledged that early childhood educators deserve higher wages and recognized the significant levels of burnout many teachers experience. At the same time, they emphasized that supporting the workforce does not lessen the financial challenges families face when paying for child care. Throughout the parent focus groups, participants grappled with the tension between making child care affordable for families while ensuring educators receive fair compensation. Many questioned who should bear the financial responsibility for closing that gap. One parent asked:

“Who makes up the difference? Because, like, you're talking like, ‘We need more affordability for the families, and the teachers deserve to be paid more.’ But like, who eats the cost in the middle?” (New Hanover County Parent)

Child care directors also expressed frustration when families are priced out of high-quality care. Several described a recurring pattern of parents touring their programs, recognizing the quality of care being offered, and then declining enrollment because they did not qualify for child care subsidies or could not afford tuition. When asked whether they charge families the true cost of providing care, most directors said they do not. Many acknowledged that charging the full cost of care would make their programs

unaffordable for a large share of the families they serve. Given the cost of child care, parents understandably expect high-quality care and educational experiences for their children. Yet many teachers continue to earn low wages, creating a disconnect between the level of care families expect and the compensation provided to the professionals delivering it. One teacher described this tension as:

“When [parents], you know, pay all that money, they want to see their child, you know, succeeding as far as education-wise and being well taken care of. They don’t want to see their child on the playground wet for two hours.” (New Hanover County Child Care Teacher)

Cost emerged as the most significant barrier families face when trying to access high-quality early childhood education in New Hanover County and was the most frequently discussed topic across all focus groups and interviews (see Methodology for more details). Participants consistently described affordability as more than a household financial challenge. Families discussed delaying or leaving the workforce because child care costs exceeded what they could reasonably afford, while providers described the ongoing struggle to balance affordable tuition with the financial realities of operating high-quality programs and compensating educators fairly. These competing pressures reinforce one another, limiting access for families, constraining provider sustainability, and making it increasingly difficult to build and maintain a stable early childhood system.

SECTION 2: CHILD CARE WORKFORCE STABILITY AND OPERATIONS

As discussed, workforce stability is a critical factor shaping the availability, affordability, and quality of child care in New Hanover County. Providers consistently identified recruiting and retaining qualified educators as one of the greatest challenges facing their programs, with workforce shortages affecting nearly every aspect of child care operations. Teachers described increasing levels of burnout, limited growth in wages and benefits, and growing behavioral and developmental needs among children, all while working in environments with inadequate staffing levels.

LACK OF ADEQUATE STAFFING AND INABILITY TO RECRUIT AND RETAIN TEACHERS

“Is my teacher going to be at school?...Who’s my teacher today?” (New Hanover County Parent)

Directors consistently identified recruiting and retaining qualified teachers as the greatest workforce challenge facing child care programs in New Hanover County. Staffing shortages force many providers to close licensed classrooms because they do not have enough educators to safely operate them, further limiting child care availability for families. Several directors described teacher turnover as so common that they are hesitant to remove children from waitlists because they cannot be certain they will have adequate staffing to maintain enrollment. Directors also reported greater difficulty retaining assistant teachers and younger staff than lead teachers, even among programs that offer benefits such as health insurance. For centers that are unable to provide competitive salaries or benefits, turnover becomes even more difficult to manage.

Recruitment presents its own set of financial and operational challenges. Directors described the ongoing costs of advertising vacant positions, onboarding new staff, and covering required expenses such as CPR certification and background checks. Those costs become particularly burdensome when newly hired employees leave shortly after completing the hiring process. At the same time, directors reported that although child care positions remain widely available across New Hanover County, the pool of qualified applicants is limited. Several also discussed how changes to qualification requirements following Quality Rating and Improvement System (QRIS) modernization have further constrained recruitment efforts. Teachers who previously met the qualifications to work in five-star programs may no longer qualify under current standards, reducing the number of eligible applicants. Even when qualified candidates are available, many seek salaries that exceed what child care programs can afford to offer. As one director shared:

“And when teachers are required to have more education, they want to be paid more. So, then we’re having to pay them more, and it’s just a cycle of now we have to bill the parents more. So, everything is going up and trying to balance all of that.” (New Hanover County Child Care Director)

Inadequate staffing support also affects the day-to-day experiences of child care teachers and the

operation of child care programs. Multiple teachers shared that they often struggle to step away from the classroom, even to use the restroom, because doing so would leave their classroom out of ratio. Some reported relying on custodial staff or other available employees to temporarily supervise children while they took short breaks. When teachers call out unexpectedly, directors frequently have no choice but to combine classrooms or redistribute children across other classrooms to maintain required staffing ratios. Teachers also described feeling pressure to report to work even when they were sick because substitutes are often unavailable on short notice, leaving their coworkers and programs with few alternatives.

Teachers also discussed the challenges of meeting children's increasingly complex needs while maintaining required staffing ratios. Several shared that classrooms often include multiple children who need individualized behavioral support, making it difficult for existing staff to meet the needs of every child. One teacher reflected that limited staffing can also delay important developmental milestones, such as potty training, because educators simply do not have enough time or support to provide individualized attention throughout the day. Another teacher shared:

"And it's like, yes, it's maybe the ratio, this may be what state says that is okay, but it's like, the everyday work that it takes for two people to take care of nine babies... the third hand would be amazing." (New Hanover County Child Care Teacher)

Workforce instability also affects the experiences of children and families. One parent shared that her child had four different assistant teachers over the course of seven months. Parents described frequent teacher turnover and limited communication about staffing changes as factors that can erode trust in child care programs and, in some cases, lead families to seek care elsewhere. For children with complex health or behavioral needs, participants emphasized that consistent relationships with caregivers are especially important. Frequent teacher turnover can disrupt those relationships and make it more difficult for children to receive the continuity of care and support they need. When we asked parents how teacher turnover had affected their families, one parent reflected:

"It impacted how I could work and what I can concentrate on during the day." (New Hanover County Parent)

Several parents shared that teacher turnover has become so common that they now ask about staff retention when touring child care programs. Participants described educator stability as an important indicator of program quality and recognized that consistent relationships between children and teachers are essential to children's learning and development. When programs struggle to recruit and retain qualified educators, the effects extend beyond individual classrooms. Workforce instability limits child care availability, disrupts continuity of care for children and families, increases strain on remaining staff, and weakens the broader early childhood system that supports New Hanover County's children, families, and economy.

TEACHER SALARY, BENEFITS, AND SUPPORT

“Well, we’re an essential service, right? Classified as an essential service...Except we don’t get essentially paid.” (New Hanover County Child Care Teacher)

Low wages and limited benefits continue to make it difficult for many educators to remain in the early childhood workforce long term. Teachers consistently described taking on responsibilities that extend well beyond what they believe their compensation reflects. Several shared that they work second jobs or rely on additional sources of income to meet basic household expenses because child care wages have not kept pace with the rising cost of living. For many, remaining in the profession requires significant personal and financial sacrifice. One teacher reflected:

“There’s been no raise in many, many years and especially if you’ve been teaching for a long time too, veteran teachers or ML (Multilingual Learner) teachers. But it’s hard. It’s hard. We almost always have to have a second job, like I needed to find one now.” (New Hanover County Child Care Teacher)

Benefits available to early childhood educators vary considerably across child care programs, creating different levels of support for the workforce. Teachers identified child care assistance as one of the most valuable benefits a program can offer. Several shared that receiving free or reduced-cost child care through their employer makes it financially possible to remain in the profession. As one teacher explained, “[if] I didn’t work at her child care center, I would probably have to work like, two jobs just for her to go to school.” Others reported receiving partial tuition discounts for their own children, although the level of assistance differed across programs.

Teachers also described significant gaps in access to health insurance. Some explained that although their employer offers health insurance, they are ineligible because they are classified as part-time employees, despite regularly working close to 40 hours each week. Others shared that employer-sponsored coverage is available but remains unaffordable given their wages. Several also described falling into a coverage gap, earning too much to qualify for public assistance while still struggling to afford private insurance. Although some family child care home providers obtain coverage through the Health Insurance Marketplace, they expressed concerns about the affordability and comprehensiveness of available plans. Participants consistently identified access to affordable, comprehensive health insurance as an important factor in retaining and supporting the early childhood workforce. One teacher shared:

“But if you think about it, doctors, teachers are the ones that are exposed to everything - we should have the best health insurance there is.” (New Hanover County Child Care Teacher)

One teacher, who is currently expecting a child, shared that her request to use accrued paid time off after giving birth was denied. She also reported that her employer informed her they would not continue contributing toward her health insurance while she was away from work. Because her center does not

offer paid maternity leave, she had planned to rely on her accrued paid time off to recover following childbirth. Experiences like this illustrate the difficult choices many early childhood educators face when benefits do not provide adequate support during major life events. Teachers consistently identified compensation and benefits as important factors in decisions about whether to remain in the profession. As educators leave the workforce, staffing shortages persist, limiting child care availability for families and placing additional strain on the teachers who remain.

Teachers also reflected on how chronic stress and burnout affect the classroom environment. Several shared that when educators are physically and emotionally exhausted, it becomes more difficult to provide the level of engagement, patience, and individualized attention that young children need to thrive. Participants emphasized that supporting the well-being of the early childhood workforce ultimately supports the quality of care children receive. One teacher reflected:

“If you’re not happy doing what you’re doing, then you’re not going to teach children to love learning and to be a lifelong learner.” (New Hanover County Child Care Teacher)

Teachers also described how limited staffing affects their workload beyond the classroom. As discussed earlier, several reported coming to work while sick because they lacked paid time off or their programs were too understaffed to find adequate coverage. Staff shortages and limited planning time also require many educators to complete lesson planning and other responsibilities outside of paid work hours because few programs provide dedicated planning periods. Participants described these expectations as contributing to increasing stress, burnout, and decisions to leave the profession. One teacher stated that:

“This is why we’re losing the teachers, because they’re just burnt out. If you had the extra hand, yeah, it might be a little time, extra time to down time. But there’s other things that we could be doing. I could be doing lesson planning when they’re napping, instead of doing it on the weekend at home.” (New Hanover County Child Care Teacher)

Although teachers consistently described significant stress and burnout, very few indicated that they planned to leave the profession in the immediate future. Many spoke about their passion for early childhood education and the opportunity to support children during some of the most formative years of their lives as reasons they remain committed to the field. Others described feeling valued and supported by their directors and colleagues, emphasizing the important role that positive workplace cultures play in retaining educators. One teacher reflected:

“If there’s a problem, it would take me two seconds to radio, and I would have all the support I needed. And so, I’m thankful for that. I realize that that’s very rare.” (New Hanover County Child Care Teacher)

Although some teachers described feeling well supported by their programs, these experiences were not

common across focus groups. Participants consistently identified compensation, benefits, workplace supports, and manageable workloads as important factors in sustaining the early childhood workforce. The findings throughout this section highlight that supporting educators requires more than addressing a single challenge. Long-term workforce stability depends on strengthening the systems that influence recruitment, retention, compensation, benefits, and professional support.

CHILD CARE PROGRAM OPERATIONS

Operating a child care program presents significant financial and operational challenges. Directors consistently described balancing rising operating costs with the need to keep tuition as affordable as possible for families. Several directors shared that privately-operated child care programs often face greater financial pressures than franchised centers because they have fewer organizational resources to absorb increasing costs. These financial constraints affect daily operations in a variety of ways. Some teachers reported purchasing classroom supplies, including diapers, wipes, and sanitizer, with their own money. Directors also described making difficult enrollment decisions based on staffing levels and classroom ratios, limiting the number of children they are able to serve in certain age groups. Infant and toddler classrooms were identified as particularly difficult to sustain financially because lower teacher-to-child ratios increase operating costs while limiting enrollment capacity. As one director shared:

“I lose \$40,000 a year in my infant room and my waddler room because two teachers with 10 kids, the tuition you get from those 10 kids don't pay those two teachers.” (New Hanover County Child Care Director)

Child Care Stabilization Grants also emerged as an important source of support for providers during the COVID-19 pandemic. Directors described using these funds to increase teacher compensation, provide staff bonuses, and invest in facility improvements that would have otherwise been difficult to afford. Because the grants were temporary, many directors chose to provide one-time bonuses instead of permanent salary increases that they would be unable to sustain once the funding expired. Participants consistently described a noticeable decline in morale following the end of the stabilization grants, particularly as programs lost a critical source of financial flexibility while continuing to face workforce shortages and rising operating costs. One director reflected:

“I mean, I thought we had finally caught up as an industry. I was like, “Yes! Finally! You finally caught up!” And then the bottom dropped out. And now we're back to, we're paying the same amount as McDonald's or, you know, whatever. So, we're right back to square one and we don't have any funding for it. So, we didn't get anywhere.” (New Hanover County Child Care Director)

Professional development and continuing education also place additional demands on child care program budgets and staff time. Directors described the cost of meeting continuing education requirements during license recertification as a significant operational expense. One director shared that they needed to enroll 20 staff members in an additional five hours of professional development and pay up to \$70 per

continuing education hour for each employee. Teachers also reported that required training courses are frequently completed outside of regular work hours because centers cannot spare staff during the day, adding to already demanding workloads and contributing to burnout. Although some programs can invest in additional professional development opportunities, such as bringing in outside trainers or sending staff to conferences, participants described these opportunities as the exception rather than the norm. Teachers consistently expressed a desire for more robust, accessible professional development that would strengthen their skills and support long-term career growth. One teacher identified this as one of the greatest challenges facing the early childhood workforce:

“I think pay and the opportunity to like, advance. Once you’re a teacher, you’re in the classroom. So I think the pay and just the opportunity to advance to something more would be my experience.” (New Hanover County Child Care Teacher)

The financial and operational stability of child care programs directly influences their ability to remain open, sustain staffing, and expand enrollment. As providers face rising operating costs and ongoing workforce shortages, maintaining existing classrooms becomes increasingly difficult, limiting the number of children they are able to serve. When these challenges persist, programs may be forced to close classrooms or, in some cases, cease operations altogether. These operational pressures reduce the availability of child care for families across New Hanover County and place additional strain on an already constrained early childhood system.

HOW CHILDREN’S NEEDS HAVE CHANGED & NEED FOR MORE EXCEPTIONAL CHILDREN (EC) TRAINING

The need for additional support for children with exceptional needs emerged as one of the most consistent themes across parent, teacher, and community leader focus groups. Participants repeatedly identified gaps in early childhood special education services, educator training, and classroom supports as significant challenges within New Hanover County’s early childhood system.

Parents described how limited access to appropriate support can make it difficult to find and maintain child care that meets their children’s needs. Several shared experiences of transferring their children to different programs after determining that their previous child care setting was unable to provide the level of support their child required. One parent reflected:

“We had gotten him an IEP (Individualized Education Program), but nothing on the IEP was followed. Not one goal was ever touched, and that was my concern.” (New Hanover County Parent)

When we asked teachers how children’s needs have changed over time, one of the most consistent themes was the growing need for additional behavioral, developmental, and exceptional children (EC) supports. Teachers described encountering more children with complex needs than in previous years. At

the same time, they emphasized that not every child exhibiting challenging behaviors has an identified EC need. Participants consistently expressed a need for additional training in social-emotional development, trauma-informed practices, and classroom behavior management so they could better support children with a wide range of developmental and behavioral needs. One teacher reflected:

“I think as the landscape of children are changing, pretty much everybody needs to have a special education background as part of their training these days.” (New Hanover County Child Care Teacher)

Teachers consistently identified support for children with exceptional needs as one of the areas where they need the greatest assistance from their programs. Several described situations in which limited staffing and a lack of specialized support left teachers struggling to respond safely and effectively to challenging behaviors. At the same time, participants also shared examples of practices that helped educators feel more equipped to meet children's needs. One teacher described how their center partnered with an occupational therapist and a speech therapist who visited classrooms to support children directly while also helping teachers strengthen their own skills and confidence in working with children with exceptional needs.

Community leaders reinforced the need for additional training and support for educators serving children with exceptional needs and those who have experienced adverse childhood experiences (ACEs). One leader within the foster care community emphasized the growing need for trauma-informed child care programs, noting that some foster families are forced to bypass otherwise available child care options because programs are unable to provide the level of support their children require. Participants consistently recognized that as children's developmental, behavioral, and social-emotional needs continue to evolve, the early childhood system must also strengthen its capacity to support educators, children, and families.

SECTION 3: SOCIAL DETERMINANTS OF HEALTH AND RESOURCE NEEDS IN NEW HANOVER COUNTY

In addition to discussing the child care landscape, we asked parents, providers, and community leaders about the broader factors affecting children and families in New Hanover County. Participants reflected on social determinants of health, access to community resources, and areas where they believe additional investment and support are needed.

FOOD AND HOUSING SECURITY

Food insecurity continues to affect many families in New Hanover County, and child care programs often serve as an important source of consistent nutrition for young children. Teachers and directors described recognizing that, for some children, the meals and snacks provided at child care may be the most reliable food they receive throughout the day. Participants shared several examples illustrating the severity of this need. One teacher recalled having a child search through classroom trash for food because they were hungry. Another teacher shared:

“A lot of kids just act as if they don't get any food. One of the teachers made the comment, ‘you better eat up, because this might be the last meal you get until Monday.’” (New Hanover County Child Care Teacher)

At the same time, providers described limitations in their ability to fully address food insecurity. Several noted that offering nutritious meals and snacks can be expensive, making it difficult for some programs to provide more robust food services. These issues are often magnified for private providers who typically experience lower profit margins relative to franchised providers (NC Child, 2025). Directors also discussed challenges within the NC Pre-K program, where predetermined meal and snack schedules may not always align with the needs of children who require additional food throughout the day.

Participants emphasized that food insecurity extends well beyond the child care setting. One community leader reported seeing a growing number of children who are underweight or malnourished after aging out of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) at age five. Another county government leader acknowledged that while New Hanover County offers several programs designed to address food insecurity, many of these resources are concentrated in central areas of the county, creating access barriers for families living in neighborhoods with limited transportation options or in areas with fewer available services.

Despite these challenges, participants consistently spoke positively about the role of NourishNC in helping children and families access nutritious food. NourishNC is a local nonprofit dedicated to reducing childhood food insecurity by ensuring children have consistent access to nutritious meals. As part of this mission, the organization administers a backpack food program that provides weekend and school break

meals to children from pre-kindergarten through fifth grade. Community leaders, providers, and parents identified the organization as an important resource for addressing hunger in New Hanover County. At the same time, participants emphasized that the demand for food assistance continues to exceed available resources. Many families continue to struggle to afford groceries, particularly fresh and nutritious foods, despite the network of community organizations working to address this need.

Access to safe and affordable housing also emerged as a significant concern for families in New Hanover County. Parents consistently identified housing costs and child care tuition as their two largest household expenses, leaving many families with little financial flexibility. Participants described a growing need for additional rental assistance and housing options that are affordable for working families. Community leaders also emphasized that housing instability can create significant stress for families and disrupt children's early development, health, and overall well-being. One community leader shared:

“I think a lot of times when we talk about affordable housing people think about the grown-ups. But kids live in housing too. And as a child that moved around a lot and had a lot of instability around financial security, it impacts how you behave. It impacts how you can learn, and that impacts your access to improving your life as an adult.” (New Hanover County Community Leader)

Community leaders also described the connection between housing instability and child welfare involvement. One leader working with foster families shared that a lack of affordable housing can contribute to children entering the child welfare system when parents cannot afford safe, stable housing for their children. They emphasized that increasing access to stable, affordable housing could help some families remain safely together. They explained:

“We literally just— a mom of five kids had been, I mean I think the case has been open four years, and it was essentially told to her that she couldn't have all of her kids back because she couldn't afford five kids. She couldn't afford a place for them to stay, an adequate place for them to all to stay. So, she had to choose which kids she was going to keep.” (New Hanover County Community Leader)

Access to nutritious food and stable housing emerged as foundational needs for children and families across nearly every stakeholder group. Participants consistently emphasized that when families struggle to meet these basic needs, children face additional barriers to healthy development, learning, and overall well-being. Strengthening family access to food and housing supports extends beyond addressing immediate hardship—it creates a more stable foundation for children to succeed in early childhood and throughout their lives.

HEALTHCARE ACCESS, POSTPARTUM SUPPORT, AND HOME VISITING

Access to comprehensive health care is another important factor shaping child and family well-being. Overall, participants expressed satisfaction with the availability of health care services in New Hanover County. However, many also described persistent barriers to accessing care, particularly for families covered by Medicaid. Participants reported that specialty care can be difficult to obtain, often requiring families to travel outside the county for treatment. One child care teacher shared that they regularly traveled to Chapel Hill so their child could receive care for a seizure disorder. Community members also identified limited availability of mental health and oral health providers that accept Medicaid, creating additional barriers to timely care. Participants further highlighted a shortage of Spanish-speaking providers, limiting access to culturally and linguistically appropriate care for many families in New Hanover County.

Participants also described increasing difficulty finding health care providers that accept Medicaid, limiting access to routine and specialty care for many families. At the same time, several highlighted the importance of community health providers that continue to serve Medicaid patients. One parent shared that MedNorth was able to provide care for her child after multiple providers were no longer accepting Medicaid, illustrating the critical role these organizations play in expanding access to care for families.

Access to comprehensive prenatal and postpartum care also emerged as an important factor influencing the health and well-being of children and families. Many parents described having access to multiple obstetric providers in New Hanover County, but noted that finding one who accepts their insurance, particularly Medicaid, or is accepting new patients can be challenging. One parent who receives Medicaid coverage shared that they often felt “like a number” during prenatal care because they rarely saw the same provider, making it difficult to build trust and continuity throughout their pregnancy.

While participants generally viewed prenatal care as available, they consistently identified postpartum support as a significant unmet need. Parents described wanting additional guidance and resources after giving birth, particularly related to postpartum depression and anxiety, lactation support, and home visiting services. Several participants emphasized that support often declines after delivery, despite many families continuing to navigate significant physical, emotional, and parenting challenges during the postpartum period.

Although home visiting services are available in New Hanover County, participants consistently described access as limited. Several parents shared that they were aware of home visiting programs but were unable to access services because of limited capacity or availability. Among those who did participate in home visiting, feedback was overwhelmingly positive. Parents described the support they received as valuable during the transition to parenthood, particularly in the weeks and months following childbirth. One parent, who accessed postpartum home visiting services outside of New Hanover County, reflected:

“Having that kind of care available was definitely beneficial, and hopefully something like that here as well. Because it was definitely nice having that dedicated person to come not just check on mom, but check on the baby” (New Hanover County Parent)

Home visiting has the potential to play an important role in supporting children's healthy development and strengthening families during the critical months following birth. Participants consistently described home visiting as providing guidance, reassurance, and connections to resources that many parents felt were otherwise unavailable. Home-based services also provide important developmental support for children with exceptional needs while equipping families with the tools and resources to better support their child's growth. One parent was able to access play therapy and in-home speech and physical therapy for their child. Another was able to access services through the Children's Developmental Service Agency (CDSA), stating that:

“They brought up everything they need. It was the best experience for me. If he could be doing it when he was four, he would have been. But they came in, and they really worked with him, where he was. They helped us, and we worked with them.” (New Hanover County Parent)

When families are already stretched thin, navigating complex health care systems can create additional barriers to accessing timely care. Expanding access to Medicaid providers and home visiting services has the potential to strengthen family well-being, connect children to care earlier, and promote healthier outcomes during the earliest years of life.

SOCIOECONOMIC DISPARITY IN NEW HANOVER COUNTY

“We don't live beyond means. Why are we struggling so hard?” (New Hanover County Parent)

One of the most consistent themes across parent, provider, and community leader conversations was the financial strain experienced by working families. Participants repeatedly described households in which both parents worked, often holding multiple jobs, yet still struggled to afford basic necessities. Many identified middle-income families as being particularly vulnerable, earning too much to qualify for public assistance while continuing to face significant challenges covering essential expenses such as housing, child care, food, and health care. One parent reflected:

“My husband works, but when I go back to work and our income will be raised, I feel like we won't be able to get Medicaid, but then, but then this middle, middle area is tough.” (New Hanover County Parent)

On paper, many of these families appear financially stable. However, rising housing costs, child care tuition, and the overall cost of living leave many working families struggling to make ends meet.

Community leaders felt that average household incomes in New Hanover County have not kept pace with the cost of living, forcing some families to leave communities where they have lived for years in search of more affordable housing.

Participants also described the challenges created by benefits cliffs. Because many public assistance programs have strict income eligibility thresholds, even modest increases in earnings can result in families losing access to critical supports. One community leader shared that a parent they worked with declined a raise because accepting it would have caused their family to lose public benefits, leaving them financially worse off. Participants consistently emphasized that supporting children's healthy development also requires supporting the financial stability of their families. Families should not have to choose between advancing economically and maintaining access to the resources that help them meet their children's basic needs.

NEED FOR FAMILY RESOURCE NAVIGATION

“Sometimes you feel like you’re on a little island and you have no clue what to do and you don’t even know who to go to.” (New Hanver County Parent)

Based on conversations with child care staff, directors, parents, and community leaders, New Hanover County is not necessarily lacking community resources. Instead, participants consistently described barriers that make existing resources difficult for many families to access. Some families are unaware that services are available, while others face logistical barriers that prevent them from utilizing programs for which they qualify. For example, one child care teacher shared that she is eligible for rental assistance but is unable to take time away from work to complete the application process because the office is only open during her work hours. Participants also emphasized that transportation presents another significant barrier. Families without reliable transportation may be unable to reach essential services concentrated in central areas of New Hanover County, limiting access to resources that could otherwise support their families.

One of the most consistent needs identified by parents, providers, and community leaders was the creation of a centralized hub for information on child care, social services, community resources, and local events. Participants repeatedly described the difficulty of navigating multiple organizations and determining what services were available, who qualified, and how to access them. Parents also expressed a strong desire for greater transparency within the child care system, including real-time information on program availability, quality ratings, subsidy acceptance, and tuition costs. Many described the current process of finding child care as fragmented and time-consuming, requiring families to contact multiple providers individually to gather basic information. One community leader shared:

“[Parents] don’t know where to go. So, the awareness of where to find their supports and where to find those centers that you know...simply, you know, even with Smart Start. Like they can give you a list of places that accept the vouchers, but then having to navigate it and call every single one and get put on waitlists, and then having to pay a fee to get put on a waitlist, and you don’t have an option to like wait it out as a foster parent, so, then you’re like on five different waitlists with \$25 to \$50 fees.” (New Hanover County Community Leader)

Participants also expressed a need for resource navigation services that extend beyond child care. Parents described the health care system as difficult to navigate, particularly when searching for providers that accept Medicaid and are accepting new patients. Many emphasized that identifying available providers, understanding eligibility requirements, and coordinating care can be overwhelming, especially while balancing work and family responsibilities. Participants consistently expressed a desire for a dedicated resource navigator who could help families identify available services, connect with providers, and navigate complex health care and social service systems. One parent shared:

“I feel like I need help. I need someone to see what we’re going through as a family and be like, ‘Hey, here is some strategies that are either covered by insurance, or they’re provided by their community, or they don’t cost a million dollars.’ But like, I have a background in education, I run a freaking preschool, and I don’t know what to do with my kid.” (New Hanover County Parent)

Although resource directories and navigation tools already exist in New Hanover County through local government agencies and organizations such as Smart Start of New Hanover County, participants consistently reported that many are not regularly updated or maintained. Community members expressed frustration with directories that are developed, used briefly, and then become outdated or abandoned. Families emphasized the need for a centralized resource navigator they can trust to provide accurate, up-to-date information. Participants also stressed that any resource navigation system must be community-informed, sustainable, and designed to meet families’ day-to-day needs by connecting them to child care, health care, social services, and other community resources.

SECTION 4: WHY THIS MATTERS

The impacts of high-quality early childhood education extend far beyond a child's first five years of life and influence the long-term well-being of the entire community. Access to high-quality early learning helps children develop the cognitive, social-emotional, and behavioral skills needed for success in school and beyond. Children who do not have access to these opportunities are more likely to experience lower third-grade reading proficiency, a key predictor of future academic achievement and long-term educational outcomes. Throughout the focus groups and interviews, participants consistently emphasized that greater public understanding of early childhood's role in shaping lifelong outcomes would lead to stronger investment in children and families. As one teacher shared, decisionmakers should:

"Spend it now so you don't spend it later." (New Hanover County Child Care Teacher)

Early childhood educators also need community leaders and decisionmakers to recognize the profound role they play during children's most formative years. High-quality, dedicated educators shape children's learning, development, and sense of security while also becoming trusted partners for families. Several teachers shared stories of reconnecting with children and parents years after they had left their classrooms, reflecting the lasting relationships and impact that early childhood educators have on families. Despite these contributions, participants consistently described a workforce that remains underpaid and under-supported, even as expectations for educators continue to grow. One child care director reflected:

"The human brain goes grows 90% in the first two thousand days of a child's life, yet those teachers that are responsible for teaching those kids and developing those brains get nothing." (New Hanover County Child Care Director)

The lack of competitive compensation and meaningful support also makes it difficult to recruit and retain the next generation of early childhood educators. Several participants questioned the long-term sustainability of the profession, with one teacher remarking that "as a career, it's dying." Teachers also described feeling that the complexity and importance of their work is often misunderstood by those outside the early childhood field. Many shared that they are frequently viewed as "babysitters" rather than educators responsible for fostering children's learning, development, and well-being during some of the most critical years of life. One teacher stated:

"These are women and men working every single day to take care of what they like to call the 'next leaders, the future leaders of the world'. I wish they would kind of see us as more than just babysitters, and, you know, more than just coloring sheets all day... we are actually in the classroom, doing work, developing minds, shaping minds." (New Hanover County Child Care Teacher)

Limited access to high-quality early childhood education affects more than children's development and long-term success. It also has significant consequences for families, employers, and the local economy.

When parents are unable to find or afford child care, many are forced to reduce their work hours or leave the workforce altogether to care for their children. Participants consistently described this as a barrier to economic mobility, leaving many working families earning enough to cover immediate expenses but struggling to build long-term financial stability. These challenges extend beyond individual households, affecting employers' ability to recruit and retain workers and limiting the economic vitality of New Hanover County. One community leader shared:

“A lot of [parents] are having to choose not to work, and so they can't advance their career. They can't, you know, like have upward mobility.” (New Hanover County Community Leader)

Not only do children need access to high-quality early childhood education, but they also need their basic needs to be met to fully benefit from those experiences. Safe and stable housing, access to nutritious food, quality health care, and supportive family environments all influence a child's ability to learn, develop, and thrive. These social determinants of health are deeply interconnected with early childhood education, shaping both children's developmental outcomes and families' ability to consistently access care. Throughout community conversations, participants emphasized that child care challenges rarely exist in isolation. Families struggling with housing costs, food insecurity, transportation barriers, or limited access to health care often face additional obstacles in finding and maintaining stable child care. Likewise, providers regularly serve as a point of connection for families seeking resources beyond education, reinforcing the important role that early childhood programs play within the broader community support system.

“We need every human being to be well-nourished, well-housed, well-developed emotionally to fill those jobs, and that doesn't start when they're 21, right? It has to start when they're younger, because all of that, that impacts who they are and how they present 20 years later. So what I wish policymakers and funders and decision-makers understood is that if we, if we miss it, in zero to three and even zero to five years old... it's gonna cost a lot more to catch up later on.” (New Hanover Community Leader)

Early childhood education has ripple effects throughout an entire community, extending far beyond children, families, and early childhood professionals. Its impact is felt by local businesses striving to recruit and retain employees, schools working to improve academic outcomes, health care systems supporting families, and communities seeking long-term economic prosperity. A strong early childhood system provides the foundation for healthy child development while strengthening the workforce, supporting family stability, and fostering resilient communities.

The perspectives shared by parents, child care professionals, and community leaders throughout this assessment make one message clear: New Hanover County has a strong foundation of organizations and community assets, but persistent gaps continue to limit access, affordability, and support for children and families. The recommendations that follow build directly on these findings and are designed to strengthen

the county's early childhood system by addressing the barriers identified through community engagement while building on the existing strengths that already serve New Hanover County.

Part III:

Strategies to Strengthen New Hanover County's Early Childhood System

The strategies presented in this section are grounded in the findings of both phases of the New Hanover County Early Childhood Landscape Analysis. Recommendations were informed by quantitative analyses of child outcomes, provider capacity, workforce conditions, demographic trends, and system performance, as well as extensive community engagement via focus groups with local providers and parents, interviews with stakeholders, and conversations with local and national experts. Together, these findings provide a comprehensive understanding of both the structural challenges facing the early childhood system in New Hanover County and the lived experiences of the families, educators, providers, and community leaders working within it.

In direct response to those findings, the recommendations that follow collectively seek to strengthen workforce stability, improve access to high-quality early learning experiences, support provider sustainability, and create conditions that allow the early childhood system to better meet the needs of children and families across New Hanover County.

STRATEGY 1: STRENGTHEN COMPENSATION AND BENEFITS FOR EARLY CHILDHOOD EDUCATORS

Workforce compensation emerged as one of the most significant challenges facing New Hanover County's early childhood system. Provider interviews, focus groups, and survey responses consistently identified staffing shortages as a barrier to maintaining enrollment, opening classrooms, expanding capacity, and sustaining operations. Providers reported increasing difficulty recruiting and retaining qualified educators as wages and benefits in competing industries continue to exceed what many child care programs can offer.

These challenges intensified following the expiration of federal stabilization grants. Many programs used stabilization funding to provide bonuses and temporary wage increases but could not sustain them once federal funding ended. Some providers lost educators to industries offering higher or more predictable compensation. Others identified staffing shortages as the primary reason they could not enroll more children despite continued demand from families.

Access to benefits is another important part of workforce stability. Many child care programs operate with narrow financial margins and cannot afford to provide employer-sponsored health insurance. This places them at a disadvantage when competing with public schools, health care systems, local governments, food service and hospitality businesses, and retail employers (Guarine, 2022).

The absence of health insurance also affects educators' health and financial security. Employees may delay medical care, forgo preventive services, or experience financial stress related to health care costs. One teacher described receiving a verbal warning after calling out sick with the flu, explaining that "if one person is out, and being a lead teacher, it's like the world is ending if you choose to take a day off for

yourself.” Her experience illustrates how staffing shortages, limited benefits, and educator well-being are closely connected.

Research conducted in North Carolina demonstrates the relationship between compensation and workforce stability. As wages increase, educator turnover declines, although increases must be large enough to make a meaningful difference (Martin, 2026). Research from Washington, DC’s HealthCare4ChildCare initiative also shows that affordable health insurance can address workforce challenges that wage increases alone cannot resolve. Participating educators reported receiving preventive care, accessing vision services for the first time, and identifying serious health conditions that might otherwise have gone untreated (Greenberg et al., 2025).

Salary supplements and health insurance serve different but complementary purposes. Supplements can improve financial stability, while health insurance can improve access to care and reduce the burden of medical costs. Combining the two represents one strategy New Hanover County could consider to strengthen its early childhood workforce and increase families’ access to child care.

PROGRAM MECHANICS

The strategy could provide two connected workforce supports: recurring salary supplements and access to employer-sponsored health insurance. Together, they could strengthen educators’ compensation packages and help child care programs compete more effectively for qualified employees.

The salary supplement portion is modeled after Maine’s Early Childhood Educator Workforce Salary Supplement Program. Maine administrators reported that educators preferred monthly payments because they functioned more like regular wages than bonuses and had a greater influence on retention. Providers also reported more consistent workforce stability with monthly payments than with quarterly or semiannual bonuses. Following this model, eligible New Hanover County educators could receive monthly salary supplements through their regular payroll. An independent local organization could distribute funds to participating child care providers, which would pass the full supplement to eligible employees. The supplement would appear as a separate line item on each employee’s pay statement and would be provided in addition to existing wages. This structure would give educators predictable income they could incorporate into household budgets and employment decisions.

The health insurance portion helps licensed child care programs offer employer-sponsored coverage to eligible full-time employees when coverage is not currently available. Instead of creating a new insurance product, the strategy could use Carolina Health Works, an existing small-employer platform designed to provide access to more affordable group coverage. Because chamber membership is required to participate, the Wilmington Chamber of Commerce could help eligible providers meet participation requirements and enroll in available plans. The strategy could cover employee-only health insurance. Employees who choose to add a spouse, child, or other dependent would pay the additional premium costs. Limiting assistance to employee-only coverage could allow the strategy to reach more educators

while preserving the option to purchase family coverage.

Using an existing insurance platform and a local organization to administer salary supplements could reduce the time and expense of creating new systems. Providers would still need assistance with enrollment, payroll, documentation, and reporting, particularly during implementation.

PROGRAM REQUIREMENTS

Several requirements would ensure that the strategy expands educator compensation and benefits without replacing what employers already provide.

Regular and Predictable Support

Salary supplements would be distributed monthly through regular payroll rather than as lump-sum or occasional bonuses. Maine officials identified monthly payments as an important feature because less frequent payments can encourage workforce movement around payment schedules. Monthly compensation is more likely to support continuous employment and provide dependable income.

Health insurance would be offered through an employer-sponsored group plan. Participating providers would establish coverage through Carolina Health Works or another qualified platform. Clear information about coverage periods, renewals, and future availability would be important because educators make employment and health care decisions based on whether they expect benefits to continue.

Protection of Existing Wages and Benefits

Both parts of the strategy would expand compensation rather than replace existing employer contributions. Salary supplements would be provided in addition to regular wages. Participating providers could not use the funds to reduce wages, offset existing compensation, delay planned raises, or reimburse themselves for compensation already provided.

Health insurance assistance would be limited to licensed programs that do not currently offer employer-sponsored coverage. Programs already providing insurance could not eliminate or reduce those benefits to qualify. Providers could certify annually that participation had not resulted in reduced wages, delayed raises, or the loss of existing health benefits.

Compliance and Monitoring

The administering organization would need procedures for verifying provider and employee eligibility, reviewing education and employment records, confirming payroll payments, coordinating insurance enrollment, and conducting periodic compliance reviews. Experience from Maine indicates that dedicated administrative capacity becomes increasingly important as participation grows. Clear procedures would protect program integrity while reducing confusion and delays for educators and providers.

ELIGIBILITY AND TIER STRUCTURE

Eligibility would vary slightly between the salary supplement and health insurance portions because the two supports serve related but different workforce needs.

Salary supplements should be available to employees who provide educational services to children, including lead teachers, assistant teachers, family child care educators, program directors, and assistant directors. Positions that do not provide direct services to children, such as transportation staff and contracted service providers, would not be eligible for salary supplements.

The supplement could use a three-tier structure based on education or verified experience in licensed child care. Because North Carolina does not currently maintain a comprehensive statewide early childhood workforce registry, eligibility could be verified through education credentials, employment records, and documented years of experience.

Tier	Education Requirement	Experience Alternative
Tier I: Emerging Educators	CDA, EDU 119, or NC Early Childhood Credential	2+ years of verified experience
Tier II: Established Educators	Associates Degree in Early Childhood Education, Child Development or related field	5+ years of verified experience
Tier III: Advanced Educators	Bachelors degree or higher in Early Childhood Education, Birth-Kindergarten Education, Child Development, or related field	10+ years verified experienced

Consistent with Maine’s model, each tier should provide approximately 50 percent more compensation than the preceding tier. This structure recognizes both formal education and professional experience while encouraging continued learning and professional advancement.

Health insurance assistance could be available to full-time employees of licensed child care programs in New Hanover County that do not currently offer employer-sponsored coverage. Eligible employees include:

- Lead teachers
- Assistant teachers
- Family child care educators
- Program directors
- Assistant directors
- Administrative staff
- Food service personnel

Eligibility for health insurance should be broader than eligibility for salary supplements because successful child care operations depend on employees beyond those working directly in classrooms. Administrative and food service employees perform essential functions that allow programs to operate and meet licensing requirements. Employees would need to maintain full-time status as defined by the insurance plan and their employer's personnel policies. Because insurance requirements can differ from employment requirements established by an individual provider, participating programs would need clear guidance on how full-time status is determined.

Some employees could qualify for both supports, while others might qualify for only one. For example, a full-time lead teacher at a program without health insurance could qualify for both a monthly salary supplement and employee-only health coverage. A part-time teacher might qualify for the salary supplement but not meet the insurance plan's full-time requirement. An eligible administrative employee could receive health insurance but would not qualify for a salary supplement if supplements were limited to employees providing educational services to children.

ANTICIPATED IMPACT

The central goal of the combined strategy would be to strengthen New Hanover County's early childhood workforce and increase families' access to child care. Providers cannot open or maintain classrooms without enough qualified educators. Persistent vacancies and turnover can force programs to reduce enrollment, close classrooms, or delay plans to expand even when physical space and community demand exist.

Stronger Recruitment and Retention

Evidence from Maine indicates that recurring salary supplements can help educators remain in the early childhood field. Program administrators reported hearing consistently from educators that additional compensation allowed them to continue doing work they valued while better meeting their household expenses. Directors and educators also indicated that many employees would have considered leaving the profession without the supplements.

Other research has found that improved compensation and benefits for child care educators contributed to greater job satisfaction, stronger attachment to the profession, and less interest in seeking employment elsewhere (Greenberg et al., 2025). Employers also reported that stronger compensation packages made it easier to recruit and retain qualified staff.

A predictable monthly supplement and employer-sponsored health insurance could give New Hanover County providers additional tools when recruiting prospective employees. While Maine found that supplements had a stronger influence on retention than recruitment, providers reported including them in job postings and compensation discussions. Adding health insurance could further strengthen the employment package available to prospective educators.

More Stable Child Care Programs

Greater workforce stability would reduce the operational strain associated with constant vacancies and turnover. Providers experience fewer disruptions from staff departures, greater continuity among teaching teams, and lower costs associated with repeatedly recruiting, hiring, and training new employees. Estimates indicate that replacing a child care teacher can cost a program between \$2,000 and \$5,000, creating additional financial pressure for programs experiencing frequent turnover (Totenhagen et al., 2016)

Improved staffing also allows directors to spend less time filling classroom vacancies and more time supporting program quality, staff development, family engagement, and long-term planning.

Increased Access for Families

Workforce investments can increase child care access by addressing the staffing shortages that keep classrooms closed or below capacity. Studies examining child care staffing and program operations have found that unfilled positions can prevent providers from meeting required staff-to-child ratios, forcing programs to reduce enrollment or operate below their licensed capacity (Cunningham, 2024; Schaack et al., 2020). When providers can recruit and retain enough educators to meet required staff-to-child ratios, they may be able to maintain current enrollment, reopen closed classrooms, or serve additional children.

For families, the effects could include:

- Fewer classroom closures
- More available child care spaces
- Shorter waiting periods for care
- Greater continuity in children's relationships with teachers
- More dependable care that supports parents' ability to work or attend school

This strategy would not increase access solely by adding new facilities or physical classroom space. It would address the workforce capacity required to use existing space and keep it available over time.

Improved Educator Health and Financial Well-Being

Salary supplements give educators more predictable monthly income to help cover housing, food, transportation, child care, and other household expenses. Health insurance reduces the financial risks associated with medical care and allow educators to access preventive and necessary services earlier. Research has found that affordable health insurance for child care workers increased the use of preventive services, reduced financial stress related to medical costs, and improved participants' quality of life (Greenberg et al., 2025).

Early childhood educators face regular exposure to illness and may experience musculoskeletal strain because of the physical demands of caring for young children. Access to affordable coverage could help educators manage ongoing health conditions and avoid delaying treatment because of cost. Improved health and financial security could also support more sustainable, long-term careers in early childhood education.

Professional Advancement and Workforce Data

The tiered salary supplement structure could create incentives for continued education and professional growth. Connecting compensation to education or experience would recognize educators' expertise while establishing clearer pathways for advancement.

The strategy would also strengthen local workforce information. Administering tiered supplements and health insurance would require documentation of credentials, experience, employment status, participation, and retention. Over time, this information supports stronger workforce planning in New Hanover County and informs broader statewide discussions.

STRATEGY 2: CREATE A CENTRALIZED FAMILY RESOURCE NAVIGATION PLATFORM

Throughout the community engagement process, parents consistently described the difficulty of navigating New Hanover County's network of family resources. The community offers a wide range of supports, including child care assistance, food programs, health services, housing supports, developmental services, parenting programs, and community events. However, families often struggle to identify available resources, determine whether they qualify, and understand how to access services.

Parents described spending significant time searching for information, calling multiple organizations, and completing referrals, only to learn that a program was no longer accepting participants, its eligibility requirements had changed, or services were at capacity. Some families arrived at service providers before discovering that they did not meet the eligibility requirements. These challenges were especially burdensome for families balancing employment, caregiving responsibilities, transportation barriers, language barriers, or financial hardship.

These experiences are not unique to New Hanover County. Communities across the country have developed centralized resource navigation platforms to make it easier for families to find and access local supports. Parent Pass, developed in Fort Worth, Texas, is one example. Its founder, Sadie Funk, described hearing similar concerns from families who spent significant time trying to navigate fragmented or outdated information. At the same time, service providers reported that some programs had available capacity but struggled to reach families who could benefit from them.

In some cases, the challenge is not the complete absence of resources. It is the absence of a coordinated, user-friendly way for families to learn what is available, determine what fits their needs, and connect with the appropriate provider. A centralized family resource navigation platform represents one strategy New Hanover County could consider to improve access to existing services.

PROGRAM DESCRIPTION

A family resource navigation platform could serve as a single point of entry for families seeking information about child care, early learning, health care, food assistance, housing, developmental services, parenting supports, community events, and other local resources. The platform could be developed by adapting an existing technology that has already been tested with families and community organizations. Using an established platform could reduce development time and allow New Hanover County to build from features and practices that have worked in other communities. Parent Pass is one example of this type of platform, but the approach could be implemented through another provider that offers similar capabilities.

Parent Pass was developed alongside parents and community organizations as a centralized hub for local resources, events, developmental information, and community supports. It serves thousands of families and connects users with hundreds of community partners. The platform is available in English and Spanish and can customize information based on a child's age, a family's location, and identified needs. Families can also receive personalized notifications about relevant services, activities, and opportunities.

A New Hanover County platform could follow a similar model while being customized to reflect local services, organizations, neighborhoods, and family needs. Families could create a profile, enter limited information about their location and children, and receive recommendations relevant to their circumstances. They could also search the platform without creating a profile when they prefer not to provide personal information.

Community organizations would maintain information about their services, eligibility requirements, locations, hours, and current availability. A local organization would oversee the platform, verify information, recruit participating providers, engage families, and coordinate updates. The platform would not create new child care spaces, health services, food programs, or other community supports. Its purpose would be to make existing resources easier to find and navigate. Information collected through the platform could also help community leaders identify where demand exceeds available services and where additional capacity may be needed.

KEY PLATFORM FEATURES

A New Hanover County resource navigation platform could include:

Resource Navigation	Customized User Experience	Community Events and Activities	Developmental Information	Parent-to-Parent Connections	Feedback and Quality Improvement
Child care and early learning resources	English and Spanish accessibility	Family-friendly events	Developmental milestones	Community discussion forums	Family feedback mechanisms
Health and developmental services	Child age-specific recommendations	Community programming	School readiness resources	Peer support opportunities	Provider reviews
Food assistance programs	Zip code-based content customization	Parenting workshops	Parenting tips and guidance	Resource sharing among families	Community partner reporting tools
Housing and financial assistance resources	Personalized notifications	Early childhood activities	Early learning activities	Community engagement tools	User experience monitoring
Parenting and family support programs	Location-based resource suggestions	Free and low-cost opportunities			
Mental health and wellness resources					

PROGRAM REQUIREMENTS

Successful implementation would require more than technology. Experience from Parent Pass indicates that a platform's effectiveness depends on strong community partnerships, accurate information, ongoing engagement, and continuous feedback from families.

Several components would support implementation in New Hanover County.

Local Community Partnership Lead

A local organization could serve as the primary implementation partner responsible for relationship building, community engagement, provider recruitment, and ongoing stewardship of the platform.

Responsibilities would include:

- Community outreach
- Provider engagement
- Parent recruitment
- Marketing and awareness campaigns
- Oversight of parent ambassador activities
- Community partnership development
- Data and resource management

Parent Pass leaders identified resource management and information maintenance as two of the most important parts of implementation. Information must remain accurate, timely, and relevant to maintain trust among families and community partners.

Parent Ambassador Program

A defining feature of Parent Pass is its commitment to engaging parents as active partners, not only as users. Families were compensated for their feedback during the platform's development, and Parent Ambassadors continue to promote and improve the platform within the community.

New Hanover County should use a similar approach by compensating parents for:

- User testing and feedback
- Community outreach
- Promotion at events
- Resource validation
- Continuous improvement activities

Parent Ambassadors can help determine whether the platform is understandable, accessible, and responsive to families' experiences. The ambassador group could include parents from different neighborhoods, language communities, income levels, family structures, and child care arrangements.

Resource Verification Standards

To maintain platform credibility, participating organizations should commit to ongoing information updates and responsiveness.

Consistent with Parent Pass' existing model, expectations for participating providers should include:

- Maintaining current resource information
- Notifying administrators when capacity changes
- Updating eligibility requirements
- Responding to family inquiries within established timeframes

ANTICIPATED IMPACT

A centralized navigation platform could improve families' ability to access services and supports throughout New Hanover County. With regularly updated information in one place, families could spend less time searching and more time connecting with the services they need. This could be especially valuable for families experiencing financial hardship, transportation limitations, language barriers, or other challenges that make complex systems difficult to navigate.

The platform could also benefit community organizations and service providers. Parent Pass leaders reported that community partners connected with families more effectively through the platform than through traditional outreach alone. In some cases, the platform became a significant source of referrals.

Unlike a static directory, a navigation platform would rely on active provider relationships and continual updates. Organizations could report when services reach capacity, revise eligibility requirements, and communicate current information to families. This reduces frustration for families and providers while improving the efficiency of referrals.

The platform should also provide information about family needs, service use, resource gaps, and user experiences. Aggregated data would help community leaders distinguish between navigation problems and true service shortages. For example, if families can find a service but cannot access it because every provider is full, the barrier is insufficient capacity rather than a lack of information. These insights would support future planning across the county while protecting families' privacy.

STRATEGY 3: CREATE A FREE CHILD CARE FOR CHILD CARE WORKERS PROGRAM

The cost of child care can make it difficult for early childhood educators to remain in the workforce. New Hanover County providers identified child care expenses as a barrier for current and prospective employees. For some educators, paying for their own children's care takes up a substantial share of their wages.

Kentucky faced a similar challenge when staffing shortages left child care classrooms closed. The state created a Child Care for Child Care Workers program to cover care for employees' children while ensuring that providers received the full tuition payment. The benefit was designed to help recruit and retain staff without requiring programs to absorb the cost of employee tuition discounts. Kentucky also chose not to impose an income limit, allowing educators who earned too much to qualify for traditional child care subsidies to participate. A similar approach would help New Hanover County providers recruit and retain employees, keep classrooms staffed, and expand access to care for other families.

PROGRAM DESCRIPTION

Child care assistance for child care workers would cover approved care for the children of eligible employees in licensed child care programs. As a workforce strategy, eligibility would be based on employment in the field rather than household income. The benefit should follow the employee, allowing families to choose an eligible child care program that meets their needs. Employees would not have to enroll their children at the program where they work. This would preserve family choice while making early childhood jobs more financially viable.

PROGRAM REQUIREMENTS

The strategy should use employment-based eligibility, annual verification, direct provider reimbursement, and clear guidance for families and providers

Employment-Based Eligibility

Eligibility should be tied to employment in a licensed child care setting rather than household income. Kentucky intentionally avoided income limits because the purpose of the program was workforce recruitment and retention. As the architect of the program, Dr. Sarah Vanover, noted, income caps may discourage participation among individuals currently working outside the field or opting to stay at home with their children who could otherwise be recruited into early childhood positions.

In alignment with Kentucky's approach, employees should be required to work a **minimum of 20 hours per week in a licensed child care program.**

Annual Eligibility Verification

Employees should complete an annual eligibility determination process to verify employment status and continued participation in the workforce. An organization within the community would oversee verification procedures and program administration.

Provider Reimbursement

Participating providers should receive direct reimbursement for approved child care expenses at rates consistent with the state's Child Care Assistance Program. This approach gives providers comparable

reimbursement for children of child care employees and other subsidy eligible children, while allowing employees to choose the facility that best meets their family's needs. Beginning October 2026, reimbursement rates will be based on the higher of two amounts: the 2021 Market Rate Floor, set at the statewide 75th percentile by child age, QRIS rating, and facility type, or the applicable rate from the 2023 Market Rate Study.

Clear Communication and Technical Assistance

Kentucky found that unclear information about eligibility and payment procedures delayed participation during its rollout. A local administrator would need to explain the benefit, help employees apply, and guide providers through enrollment and reimbursement. Consistent communication would help both groups use the program with confidence.

ELIGIBILITY STRUCTURE

Eligible participants should include all employees working in licensed child care programs within New Hanover County. The program should serve both center-based and family child care providers operating within the county.

Drawing on lessons learned from Kentucky, eligibility should not be limited solely to classroom teachers. Dr. Vanover emphasized that directors, administrative staff, nutrition staff, and other support personnel all play essential roles in maintaining program operations. **Restricting participation to teachers alone may inadvertently create staffing challenges in other critical positions.**

Kentucky's program is administered by the same state agency that oversees its child care subsidy program. A statewide version in North Carolina would likely operate through the Division of Child Development and Early Education (DCDEE). Because this strategy is designed specifically for New Hanover County, a local organization would administer it alongside the state subsidy program. The New Hanover Community Endowment, along with the administering organization, should coordinate with New Hanover County DSS so the two programs operate in parallel and families and providers can navigate them easily.

ANTICIPATED IMPACT

The primary goal of the Child Care for Child Care Workers Program is to strengthen recruitment and retention within the early childhood workforce by reducing one of the largest barriers to sustained employment: the cost of child care itself.

Kentucky found that the program served as both a retention strategy and a recruitment tool. By eliminating or significantly reducing child care expenses, providers were able to offer a meaningful employment benefit that distinguished early childhood positions from competing jobs in retail, hospitality, and other sectors. Dr. Vanover noted that the program helped attract individuals back into the field and encouraged existing educators to remain employed.

The program also generates benefits for participating providers. Many child care providers already offer discounted or fully covered child care to employees as a recruitment and retention benefit, despite the financial strain this places on program operations (Well World, 2025). Rather than requiring programs to absorb the cost of employee tuition discounts, providers receive full reimbursement for services delivered. Kentucky administrators noted that this additional revenue created financial stability for participating programs while helping them maintain staffing levels.

At the community level, the initiative functions as a workforce and economic development strategy. Each educator retained in the workforce supports additional child care capacity, which in turn allows more parents to participate in the labor force. Kentucky leaders frequently framed the initiative as an investment in workforce participation, business attraction, and economic growth rather than solely a child care program.

STRATEGY 4: INCREASE ACCESS TO HIGH-QUALITY EARLY CHILDHOOD CURRICULUM AND PROFESSIONAL DEVELOPMENT SUPPORT FOR ALL EARLY CHILDHOOD EDUCATORS

Children benefit from responsive interactions and learning experiences that support their development. Educators need instructional resources, materials, and professional development to plan those experiences and adapt them to each child.

Provider interviews and site visits in New Hanover County found substantial differences in the curricula and materials available across programs. Some providers use comprehensive curricula, while others rely on materials developed by teachers, informal lesson plans, or older resources. Teachers also reported difficulty obtaining supplies needed to carry out their plans. One educator explained:

“It’s hard to get at my school, I know, it’s hard to get them to purchase the materials... they want you to do the lesson plan, but then when you look at them and you’re like, ‘Well, I don’t have the materials do this, this, and this,’ and then they look at you like you’re crazy. You don’t get your materials a lot of times, and it’s hard to teach what they want you to teach without the materials. And we have a lot of that.” (New Hanover County Child Care Teacher)

Access to a high-quality curriculum, the materials to use it, and ongoing professional support would help educators provide more consistent learning experiences across child care settings. A countywide approach is one strategy New Hanover County should consider to strengthen early learning for children from birth through preschool.

WHY CREATIVE CURRICULUM?

Creative Curriculum is one example of a comprehensive early childhood curriculum that could support this strategy. It includes learning experiences, assessment tools, instructional materials, family engagement resources, and professional development. It is designed for infants, toddlers, and preschoolers and can be used in child care centers and family child care homes.

The curriculum addresses language, literacy, mathematics, social and emotional development, physical development, and other areas of learning. It also gives educators tools to observe children's progress and adjust activities to their developmental needs. Any curriculum selected for a countywide approach would need to align with North Carolina's Foundations for Early Learning and Development and work across the settings serving local families.

PROGRAM DESCRIPTION

A countywide curriculum strategy gives licensed child care programs access to a shared set of instructional tools while allowing educators to adapt learning experiences to the children in their care. The approach would pair curriculum resources with the physical materials, training, and coaching needed to use them.

High-level components include:

Developmentally Appropriate Instruction	Assessment and Progress Monitoring	Digital Resources	Instructional Materials	Professional Development
Research-based learning experiences aligned with child development milestones	Developmental screening tools	Cloud-based instructional platform	Teaching guides	Embedded professional learning opportunities
Individualized instructional planning	Ongoing progress monitoring	Mobile teacher application	Skill development cards	Online training modules
Daily routines and learning experiences designed to support whole-child development	Individualized child planning	Digital planning and assessment tools	Photo cards Children's literature and learning resources	CDA and CCDF-aligned professional development
	Data-informed instructional decision-making	Family engagement resources	Classroom implementation supports	Ongoing implementation support through professional learning communities

For infant classrooms specifically, Creative Curriculum provides individualized developmental planning tools, guided assessment supports, foundational developmental resources, and targeted instructional strategies designed to support children during critical periods of rapid brain development.

PROGRAM REQUIREMENTS

To maximize the impact of the investment, participating programs should agree to several implementation requirements.

Implementation Commitment

Participating providers should commit to implementing the curriculum with fidelity and utilizing curriculum resources for instructional planning and classroom practice.

Professional Development Participation

Lead teachers, assistant teachers, and administrators should participate in curriculum-related professional development and implementation support activities.

Continuous Quality Improvement

Programs should utilize available assessment and progress monitoring tools to support ongoing quality improvement efforts. Programs should use available assessment and progress-monitoring tools to support ongoing quality improvement. For example, educators would review children's developmental progress to adjust instructional plans, while program leaders could use classroom observations and implementation data to identify needs for additional materials, training, or coaching. Monitoring the initiative would require programs to collect information on educator training participation, curriculum use, implementation fidelity, and aggregated child progress while protecting the privacy of children and families.

Technical Assistance

Implementation should be supported through Smart Start of New Hanover County to ensure educators are able to effectively employ curriculum resources.

ANTICIPATED IMPACT

A shared curriculum gives educators more time and support to plan learning experiences, observe children's progress, and tailor instruction. Access to teaching guides and classroom materials reduces the burden of creating or finding resources independently.

For children, the strategy would provide more consistent opportunities to learn and develop across programs. Research on Creative Curriculum has found positive associations with classroom quality, instructional practices, and child outcomes when programs receive the support needed to implement it well (Teaching Strategies, 2026).

Across New Hanover County, a shared approach could also connect curriculum training, coaching, and quality improvement. Programs would retain flexibility to respond to the children and families they serve while drawing on a common foundation of resources and professional support.

STRATEGY 5: EXPAND AND DIVERSIFY HOME VISITING SERVICES

The earliest years of a child's life are foundational to long-term health, development, and well-being. During the landscape analysis and community engagement process, parents, providers, healthcare stakeholders, and community leaders consistently identified challenges related to maternal health, postpartum support, family resource navigation, mental health, and access to services during pregnancy and the first years of life.

While New Hanover County benefits from several organizations serving families, stakeholders noted that families often struggle to identify and access available support and resources. Parents described feeling overwhelmed by fragmented systems, uncertain where to turn for help, and disconnected from resources that could support them during critical periods of transition.

Evidence-based home visiting represents one of the most rigorously evaluated strategies for improving maternal and child health outcomes, strengthening family well-being, increasing parent confidence, and connecting families to community resources (Portilla et al., 2025). However, conversations with both Family Connects and South Carolina Children's Trust reinforced that successful communities do not rely on a single home visiting model; instead, they build coordinated systems that connect families to the right level of support at the right time.

To strengthen support for families during pregnancy, postpartum recovery, and early childhood, New Hanover County should develop a coordinated home visiting system that expands service capacity, improves referral pathways, and increases family access to evidence-based home visiting services.

This recommendation includes three primary components:

- Expansion of capacity for the Parents as Teachers program (PAT).
- Implementation of Family Connects as a universal postpartum home visiting model.
- Establishment of a countywide Home Visiting Collaborative to coordinate services, referrals, family engagement, and long-term sustainability.

PROGRAM STRUCTURE

Technical Assistance

Parents as Teachers (PAT) provides ongoing support through regular visits, developmental screenings, activities for parents and children, and family goal setting. Parent educators work alongside families on topics such as child development, early learning, behavior, and access to community resources.

Local stakeholders identified demand for more sustained family support than existing programs can provide. Expanding PAT could allow more families to participate, reduce waitlists, and create a place for families referred by health care providers, Family Connects nurses, and other community organizations to receive continued support.

Establish a Home Visiting Collaborative

A Home Visiting Collaborative would bring together the organizations that support families during pregnancy and early childhood. Its work should include coordinating referrals, sharing information about available services, identifying gaps, aligning outreach, and including parents in planning. A New Hanover County Home Visiting Collaborative would bind together existing program providers, relevant local agency leaders, and community voices to coordinate services, strengthen referral pathways, and ensure that families can access the support that best meets their needs.

Potential participants could include:

- Novant Health New Hanover Regional Medical Center
- MedNorth Health Center
- Smart Start of New Hanover County
- New Hanover County Health and Human Services
- Home visiting and other family-serving organizations
- Early childhood providers
- Parent representatives
- Community and philanthropic partners

Regular coordination could help families move between services more easily and help providers understand where to refer them. Durham's illustrates the value of this approach: nearly 80 percent of participating families connected with a community resource, while its integrated data system allowed local partners to track referrals, identify service gaps, and assess whether families received the support they needed (Novoa & Workman, 2019).

FAMILY CONNECTS

Family Connects uses a phased process to help communities prepare, launch visits, and maintain program quality. Each phase involves support for local staffing, partnerships, operations, and service delivery. The phased approach gives the community time to establish partnerships and refine services as families begin using the program.

Readiness and Feasibility

Before implementing Family Connects, local partners should first come together to learn about the model, assess community needs and capacity, and consider the staffing, hospital partnerships, and referral systems needed to offer visits. This phase would help determine how Family Connects would integrate into existing home visiting systems and improve service availability for families in New Hanover County.

Installation

Partners would put the systems needed for service delivery in place. This could include establishing hospital relationships, hiring and training nurses, developing referral procedures, setting up data systems, and identifying resources for families.

Year One Implementation

Family Connects home visiting services would begin. Local partners receive coaching and technical assistance as they test workflows, address challenges, engage families, and monitor how consistently services are delivered.

Year Two Implementation

Partners would review program performance and prepare for certification. This process would assess whether visits and local operations follow the model's core standards.

Year Three Implementation

The program would continue quality improvement and undergo external review through the accreditation process. Partners would use information about service delivery and family experiences to strengthen operations.

Year Four Implementation

Partners would continue quality review while planning for long-term operations. This could include strengthening referral relationships, maintaining staffing, and identifying reliable funding.

PARENTS AS TEACHERS EXPANSION

PAT is an evidence-based home visiting model focused on strengthening parenting practices, supporting healthy child development, promoting school readiness, and connecting families to community resources. Through regular home visits, developmental screenings, parent-child activities, and family-centered goal setting, this model provides individualized support designed to help families navigate the early years of a child's life.

The PAT model is grounded in the belief that parents are a child's first and most important teacher. Parent educators work alongside families to build parenting confidence, monitor developmental milestones, support early learning, and identify potential concerns before they become more significant challenges. Services are tailored to the unique needs of each family and can address topics ranging from child development and behavior to family well-being and access to community resources.

Stakeholders throughout New Hanover County consistently identified the need for additional supports for families with young children. Parents described challenges navigating available services, accessing resources, and understanding child development milestones, while community partners emphasized the importance of connecting families with existing supports more effectively. The PAT program provides an opportunity to address these challenges through relationship-based services delivered directly to families.

Expanding PAT would increase the number of families able to access evidence-based home visiting services while strengthening New Hanover County's broader early childhood support network. Additional capacity could reduce waitlists, expand geographic reach, and allow providers to serve more families during critical developmental periods. Increased capacity may also create opportunities to reinforce partnerships among healthcare providers, early childhood programs, family resource organizations, and other community-based services.

Conversations with South Carolina Children's Trust echoed the importance of expanding access to evidence-based home visiting services as part of a broader strategy to support children and families. The organization's experience leading an extensive home visiting collaborative offered valuable insight into coordinating programs and strengthening connections across providers. Their experience has shown that home visiting can serve as a critical connection point between families and community resources while helping communities identify and respond to emerging needs. Children's Trust leaders also noted that despite growing awareness of home visiting, demand for services continues to outpace available capacity in many communities.

ANTICIPATED IMPACT

Expanding and coordinating home visiting could make support easier for families to find and use. A Family Connects home visit helps identify needs soon after birth, while PAT provides continued support as children grow. Clear referral pathways would help families connect with the services that fit their goals and circumstances.

Research on evidence-based home visiting models has found improvements in parenting practices, maternal and infant health, child development, school readiness, and family economic stability (Portilla et al., 2025). Home visitors can help families monitor developmental milestones, strengthen parent-child interactions, and address concerns before children enter school. They can also connect families with health care, early intervention, and community resources that support children's development. Expanding access could provide more New Hanover County families with consistent support during the years when children develop most rapidly.

The strategy could also help local organizations work together more effectively. By sharing information about referrals, participation, and unmet needs, partners could identify where families face barriers and improve how services reach them across New Hanover County.

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Methodology

PHASE I

Phase I used a descriptive, indicator-based approach to examine early childhood conditions in New Hanover County across four domains: early childhood education, child development outcomes, maternal and birth measures, and social determinants of health. The analysis is intended to provide a clear, data-informed snapshot of system performance, identify gaps, and inform targeted investment.

Data were compiled from state administrative sources, publicly available datasets, and local program data. Indicators were selected based on their relevance to early childhood outcomes, availability at both the county and state level, and consistency over time. The most recent data were used when possible, with some indicators reflecting multi-year averages due to reporting limitations. Indicators are organized across the four domains to support a cross-sector understanding of how systems interact to shape outcomes.

The quantitative analysis is primarily descriptive and comparative. County values are benchmarked against statewide averages, and trends are examined to identify changes over time. In some cases, data are disaggregated to highlight variation within the county. Indicators are interpreted within context, recognizing that higher or lower values may reflect different system dynamics depending on the measure.

To complement the indicator-level analysis, composite scores were developed for each domain to summarize overall system performance. These composite scores are used to assess whether New Hanover County is performing better or worse than the state across key areas.

For each indicator, a ratio was calculated comparing county values to state values. The direction of the ratio was adjusted so that higher values consistently reflect stronger performance (i.e., county-to-state ratios were used when higher values are favorable, and state-to-county ratios were used when lower values are favorable).

Indicators were then standardized and weighted equally within each domain. Equal weighting was used because the literature does not provide a clear or consistent basis for assigning differential weights across indicators. This approach is consistent with methods used in other composite indices, including the Illinois State Board of Education's Children's Adversity Index. Composite scores were calculated as the average of these standardized indicator values within each domain.

The Early Childhood Education composite includes: provider capacity relative to enrollment; the percentage of subsidy-eligible children served; enrollment in child care among families with all parents in the labor force; the average annual full-time cost of five-star infant care as a share of median family income for married couples with children; and reimbursement rates as a percentage of the true cost of care.

The Child Development Outcomes composite includes: the percentage of children ages 0–3 receiving early intervention services; the percentage of children receiving special education services; DIBELS scores; and third grade reading proficiency.

The Maternal and Birth Outcomes composite includes: the percentage of infants born at low birthweight; the percentage of preterm births; the percentage of mothers receiving prenatal care in the first trimester; and the availability of general and specialty OBGYN providers.

The Social Determinants of Health composite includes: child food insecurity rates; the percentage of uninsured children; the percentage of children living in deep poverty; housing instability as measured by McKinney-Vento enrollment; and the percentage of households without access to a vehicle.

These composite scores provide a directional measure of system performance but do not capture all aspects of the early childhood system, such as workforce conditions or program quality. They also reflect assumptions about indicator selection and equal weighting and rely on available administrative data, which may include reporting limitations. For these reasons, composite scores should be interpreted alongside the full set of indicators presented in the report.

PHASE II

In Phase II, NC Child sought to gain perspective on the lived experiences of parents, child care providers, and community members in New Hanover County regarding the early childhood landscape and resources for children and families. NC Child conducted the following focus groups in New Hanover County in May 2026:

- 3 Parent focus groups
- 2 Child care teacher focus groups
- 1 NC Pre-K teacher focus group
- 1 Child care director focus group

Focus groups with parents discussed access and affordability of child care in New Hanover County, access to healthcare and home visiting, social determinants of health, and resource needs. Child care teacher focus groups spoke on overall trends in how children’s needs have changed over time, staffing needs, salary and benefits, social determinants of health, and resource needs in New Hanover County. The focus group with NC Pre-K teachers touched on these topics as well, in addition to specifics regarding the operations of NC Pre-K. Focus groups with child care directors also discussed resource needs in the county, as well as operational details of running a child care center, recruiting and retaining staff, and utilization of subsidies and public assistance.

NC Child also held key informant interviews with 14 community leaders in New Hanover County in industries that serve children and families, including local non-profits, healthcare services, county social services, and more. Interviewees were asked about their specific roles, how they interact with children and families in New Hanover County, and where there are resource gaps. We also held key informant interviews with out-of-state leaders regarding promising programs and practices in the ECE space, including:

- Sadie Funk, Best Place 4 Kids
- Eric Bellamy & Cathy Ramage, South Carolina Children's Trust
- Dr. Sarah Vanover, Kentucky Youth Advocates
- Diane Nicholson, Maine Department of HHS
- Dr. Erica Greenberg, The Urban Institute
- Kimberly Friedman & Jordan Wildermuth, Family Connects
- Dr. Dan Wuori, Early Childhood Policy Solutions

Below is a breakdown of participant count and total elapsed minutes of qualitative data:

Focus group/ Interview type	Number of Participants	Total Elapsed Minutes
Child Care Teachers	12	170
NC Pre-K Teachers	7	80
Child Care Directors	9	90
Parents	16	260
New Hanover County Community Leaders	14	517
Out-of-state Success Interview Participants	9	275
Total	67	1,392 minutes (23.2 hours)

After gaining written informed consent from all participants and parents, NC Child recorded each focus group and interview and transcribed conversations using an online transcription service. NC Child then cleaned transcripts for accuracy based on audio recordings and uploaded the transcripts into the qualitative analysis software Dedoose.

NC Child developed an initial qualitative codebook based on research goals and revised it as new qualitative data was collected. Codes were grouped into four focus areas: Child care cost and financials, child care staffing and availability, child care quality and operations, and social determinants of health and New Hanover resources.

Below is a ranking of the top 20 themes from qualitative coding across focus groups and interviews. This ranking is based on the number of times a code was applied to excerpts from transcripts.

Rank	Theme	Code Count
1	Cost of child care for families	100
2	Resource needs in New Hanover County	99
3	Current resources in New Hanover County	80
4	Impact of ECE on development, economy, etc.	70
5	Availability of child care for families	67
6	Access to healthcare	62
7	Salary/wages of child care workers	62
8	Exceptional Children needs	56
9	Food insecurity	54
10	How children's needs have changed over time	51
11	Lack of adequate staff at child care centers	51
12	Housing insecurity	50
13	Child care teacher support	45
14	NC Pre-K operations	42
15	Families' ability to afford basic needs	41
16	Teacher turnover	41
17	Child care quality	38
18	Family dynamics shaping child care decisions and experiences	37
19	Waitlists at child care centers	37
20	Child care worker benefits (healthcare, retirement, child care for child care workers, etc.)	36