

START WITH EQUITY: NC Early Childhood Education Equity Analyses Project



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Equity Research Action Coalition

UNC Frank Porter Graham Child Development Institute

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EXECUTIVE SUMMARY

The early years of childhood are critically important for a healthy start to life and school success.

Despite increased attention to racial disparities in health, wellbeing, and academic outcomes—especially for Black, Latine,¹ and Native American children and children from low-income households—little progress has been made in identifying the root causes of those disparities and, more importantly, identifying equitable policies and strategies to mitigate centuries of oppression and systemic inequities. In particular, the consequences of the COVID-19 pandemic illustrated how structural racism and other systemic inequities result in unequal impacts based on race, place, and class. Thus, there is a need to ensure that policies are developed with a racial equity and economic justice lens to activate and support transformation during children’s early years, especially for those populations that have been historically marginalized and underrepresented.



¹ Consistent with experts in the field, we use Latine to refer to individuals whose cultural background originated in Latin America. Rather than using Latinx, a term Spanish speakers find unpronounceable in Spanish, we have opted to use the gender-inclusive term Latine, commonly used throughout Spanish-speaking Latin America. Sometimes, we use the term Hispanic if used by a particular study or report.

Funded by Blue Cross Blue Shield of North Carolina Foundation, with support from the Burroughs Wellcome Fund and other North Carolina donors, the Start with Equity: NC Early Childhood Education Equity Analyses Project, led by the Equity Research Action Coalition at the UNC Frank Porter Graham Child Development Institute, in partnership with the Educational Equity Institute and advised by Child Trends, conducted landscape analyses and engaged with grassroots and grassstops early education partners to identify policies and strategies that show effect or promise in mitigating racial and economic disparities in early care and education (ECE). The research also focused on how policies can be more effectively enacted and implemented to advance equity.

This project was framed by the report *Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education*, with the goal of understanding how and whether North Carolina's ECE programs and policies are meeting the needs of children and families from racially, linguistically, and economically marginalized communities. Through a community-rooted approach that used mixed methods, including meetings with community and organization leaders, analyses of extant data, and a review of current policies and programs, the equity analyses of North Carolina's ECE systems primarily focused on access to ECE.

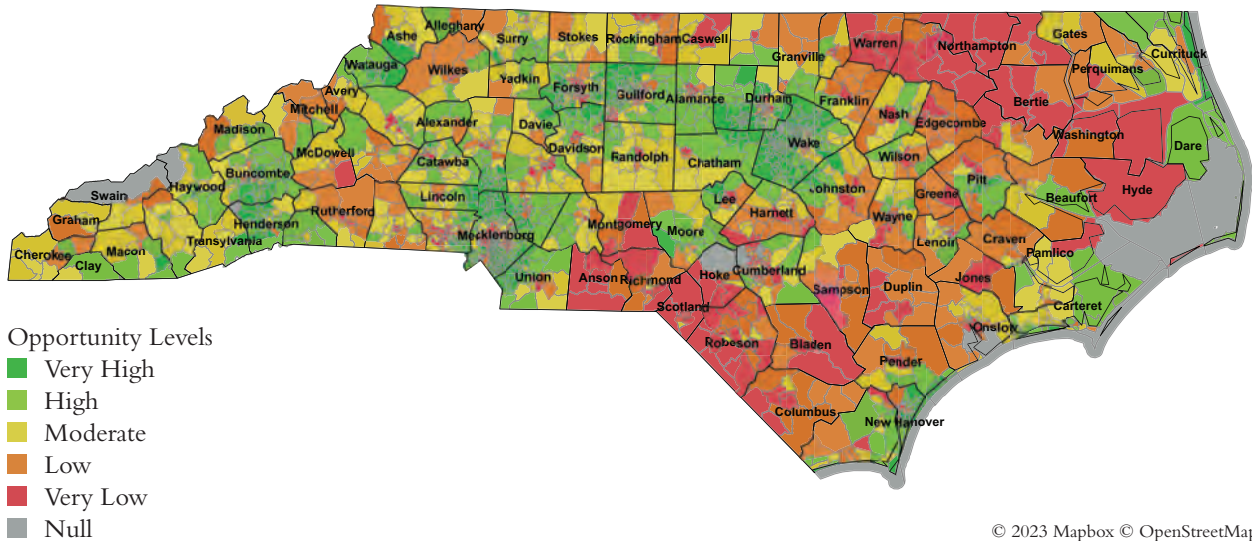
14 PRIORITIES TO DISMANTLE SYSTEMIC RACISM IN EARLY CARE AND EDUCATION

1. Disseminate public funds equitably.
2. Move toward holistic, strengths-based, and authentic integration.
3. Embed equity in monitoring and accountability systems.
4. Address workforce equity.
5. Embed equity in workforce preparation and development.
6. Explicitly include equity in the definition of quality and across rating systems.
7. Ensure high-quality curriculum and pedagogy are accessible and culturally responsive.
8. Ensure global classroom quality measurement explicitly assesses equitable experiences.
9. Eliminate harsh discipline.
10. Address equity in early intervention and special education access, identification, and inclusion.
11. Implement a data-driven continuous equity quality improvement cycle.
12. Expand family leadership and engagement efforts.
13. Center family child care.
14. Equitably expand access to dual-language immersion approaches for DLLs.

Findings

The findings of this report are presented in three core sections: Child Opportunity Index (COI), Disproportionality Analyses, and Voices from the ECE Field.

North Carolina COI Score Categories



Child Opportunity Index: Community-Level Availability of NC ECE Programs

The Child Opportunity Index 2.0 (COI 2.0)⁷ is a composite index measured at the census tract level that captures neighborhood resources and conditions that matter for children’s healthy development in a single metric.

- The highest level of childhood opportunity is in the central part of the state and in the urban metro areas, including the Triangle, Triad, and Mecklenburg County. The lowest childhood opportunities are in the far east (e.g., Hyde and Bertie counties), southeast (e.g., Robeson, Scotland, and Columbus counties), and far west (e.g., Graham and Cherokee counties).
- The percentage of Black children in a community is negatively related to the level of opportunity. The lower the opportunity, the greater the percentage of Black children. In contrast, as opportunity increases, the greater the percentage of White children. There was no relationship between the percentage of Latine children in communities and COI scores.
- The majority of ECE programs in the rated license system are centers rated as 3 to 5 stars and clustered in the metro areas, likely due to the large number of children and families served. However, there were fewer 4- and 5-star programs in the northeast part of the state.
- While children age four and younger who live in low-income households and in low-COI communities are likely to receive subsidy, there was generally an even distribution of subsidy regardless of COI ratings at the county level.

- While there is no discernible link between COI and NC Pre-K and Title I Pre-K slots, counties with low COI ratings tended to serve more 4-year-olds from low-income households.
- Head Start programs are available in the majority of North Carolina's 100 counties. While the majority of children served in Head Start and Early Head Start are racial and ethnic minorities, especially Black children, it is unclear whether the programs are reaching all eligible children, especially when serving multiple counties.

Disproportionality Analysis: Equitable Access to NC ECE Programs

- Overall, the North Carolina average Disproportionality Index score indicates that there is neither over-representation nor under-representation by race/ethnicity in child care subsidy and NC Pre-K.
- The state-level average obscures significant under- and over-representation in many counties.
- In the child care subsidy program, there are 32 counties (approximately one-third of all counties) that have an under-representation of Black participants, which indicates *a significant under-representation of Black children* in the child care subsidy program, mostly in the western half of the state.



- The NC Pre-K/Title 1 program showed a significant over-representation in White (21 counties) and Hispanic children (17 counties) compared to 5 counties for Black children.
- The disproportionality scores reveal that the Early Intervention (EI) program appears to be equitable in its dissemination; however, the level of analysis is regional. In order to determine if there are disparities, data is needed on the number of children birth to age 3, including their race/ethnicity, who need EI services and those who have been referred compared to those who actually receive services.

Voices from the Field: Perspectives of ECE Community Partners

- Community partners stress the importance of addressing inequitable funding.
- Attaining workforce equity in ECE is a priority for community partners.
- There is a critical need to embed equity in the training and professional development of the workforce in ways that meet the needs of the children and families they serve.
- There is a need to move toward holistic, strengths-based, and authentic collaboration and partnership with ECE providers and community members.
- It is critical to engage with families to comprehensively meet the needs of all children, including dual-language learners.
- While family child care homes are an important ECE option for families, these providers are often unable to access adequate resources.
- There is a need to address barriers such as transportation and housing to meet children's needs.
- Community partners are concerned that investment during early childhood is not sustained when children enter public school.
- Community partners appreciate the progress made regarding the professionalization and support provided to ECE and want to use that momentum to more effectively meet the needs of children and families.

"Funding is not something that's given across the board; generally is a grant or some type of proposal process that most providers don't have the skill set to complete. And it just makes it difficult for providers to get into that funded space that they really need so they can bring the care to their families."

"People don't even realize that what they're doing isn't equitable because they haven't been educated on what equity looks like in the classroom."

"These grassroots organizations are the folks who are not the typical players in the room and need help executing their work... They don't need your ideas, because they've been doing it and doing it well—what they need is to be able to build capacity."

"The big inequity, in my view, with the public education system is that it was built and created for a specific population, and everyone else that doesn't fit that mold is being forced to fit in that round hole, and you have rough edges."

Summary and Conclusions

The goal of the NC Equity Analyses Project is to advance equity to ensure racially and ethnically minoritized children and children living in poverty are accessing high-quality programs and services.

- ECE programs and services exist in all North Carolina communities but are unevenly distributed, especially in communities with limited resources.
- Black-majority communities are more likely to be rated as low childhood opportunity zones, with Black children underrepresented in ECE programs, compounding inequities.²
- Meeting the needs of children farthest from opportunity requires attention to multiple indicators and ensuring there is comprehensive and quality data available at multiple levels.
- Building trust and authentic partnerships with ECE providers, community leaders, and families, especially communities of color, should be a priority of state ECE leaders and administrators.
- The COVID-19 stabilization grants were timely and beneficial, but ECE providers who serve large numbers of children of color, dual-language learners, and children living in poverty are teetering on the edge of potential closure now that those grants are ending.
- Community partners stress the importance of ensuring that the investment made in early childhood is sustained in public schools and transition to K–12.



² Note that coupled with few Hispanic-majority communities and minimal data on ethnicity, there is limited information on other minoritized populations.

Recommendations

- Prioritize and target specific populations and communities furthest from opportunity, including (1) racially and ethnically minoritized populations, (2) infants and toddlers up to age 2, (3) communities of concentrated poverty, (4) unhoused children and children experiencing homelessness, (5) dual-language learners, and (6) children with disabilities.
- Move beyond compliance to focus on quality improvement efforts by restructuring how quality is measured and by ensuring the equitable allocation of technical assistance (TA), coaching, training, and other quality improvement support by allocating greater resources to those with the greatest need. Maintain a laser focus on an accountability and continuous quality improvement system that is aligned with the goal of closing disparities in outcomes.
- Focus on family child care (FCC) homes as part of a robust mixed-delivery system by increasing initiatives to support FCC providers, such as creating FCC networks or incorporating Pre-K into FCC.
- Address poverty-level wages for the early childhood workforce.
- Ensure that subsidy rates are sufficient for child care providers to provide quality programming.
- Address data governance and lack of data for equity analyses by possibly using the Head Start model to obtain more comprehensive data to 1) identify communities and households farthest from opportunity by conducting racial equity analyses that require attention to child, family, and community socio-demographics, such as race, ethnicity, income, language, adversity, and their intersectional identities and 2) utilize geographical markers to better target resources.
- Ensure attention is focused on addressing equity in access and resources for all. One possibility is to leverage the Head Start model to ensure that all children and families have access to resources, especially those in communities with multiple and layered inequities. Providing children living in poverty with the same access to resources—but with limited attention to environmental and intergenerational stressors and trauma—will not ultimately advance equity.



Acknowledgements

We would like to thank the partners, community leaders and organizations, and funders who made this work come to life. Their support, expertise, and tireless efforts are needed to advance equity in early care and education in North Carolina and beyond. We thank Blue Cross Blue Shield of North Carolina Foundation, Burroughs Wellcome, and North Carolina donors for providing the necessary funding to support this project. The content of this report is solely the responsibility of the authors and does not necessarily represent the official view of our collaborators, experts, and funders.

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INTRODUCTION

The early years of childhood are critically important for a healthy start to life and school success. Despite increased attention to racial disparities in health, wellbeing, and academic outcomes—especially for Black, Latine,³ and Native American children and children from low-income households—little progress has been made in identifying the root causes of those disparities and, more importantly, identifying equitable policies and strategies to mitigate centuries of oppression and systemic inequities. The ongoing global COVID-19 pandemic drew attention to the disparate impact of the virus on Black, Latine, Asian, and Native American people and those in low-income households and communities as compared to White and higher-income households and communities. In particular, the consequences of the pandemic illustrated how structural racism and other systemic inequities result in unequal impacts based on race, place, and class.



Thus, there is a need to ensure that policies—often historically developed and implemented with color-blind approaches—incorporate a racial equity and economic justice lens to spur healthy growth and transformation during early childhood, especially for those populations that have historically been marginalized and underrepresented.

Funded by Blue Cross Blue Shield of North Carolina Foundation, with support from the Burroughs Wellcome Fund and other North Carolina donors, the **Start with Equity: NC Early Childhood Education Equity Analyses Project**, led by the Equity Research Action Coalition at the UNC Frank Porter Graham Child Development Institute, in partnership with the Educational Equity Institute and advised by Child Trends, conducted landscape analyses and engaged with grassroots and grasstops early education partners to identify policies and strategies that show effect or promise in mitigating racial and economic disparities in early care and education. The research also focused on how policies can be enacted and implemented more effectively to advance equity.

³ Consistent with experts in the field, we use Latine to refer to individuals whose cultural background originated in Latin America. Rather than using Latinx, a term Spanish speakers find unpronounceable in Spanish, we have opted to use the gender-inclusive term Latine, commonly used throughout Spanish-speaking Latin America. Sometimes, we use the term Hispanic if used by a particular study or report.

PROJECT GOALS ←

- Examine current investments and the reach of early care and education policies—with a focus on gaps, access, affordability, impacts, and unintended consequences—using a racial equity lens
- Explore the use of data to examine the extent to which policies are mitigating (or increasing) racial and economic disparities
- Initiate the development of an early childhood policy equity measurement tool, such as an index, to provide a metric to gauge whether a given policy will mitigate or exacerbate racial and economic disparities

Approach: Centering Equitable Access

For too long, ECE policymakers have focused on a simplified and color-blind approach to meeting the needs of young children and families. In some instances, markers beyond family income have been considered, including primary home language, child disability status, adverse childhood experiences, and maternal education. The use of multiple markers is an indication that income is one of the proxies that impact children’s development, but there is a need to consider multiple markers above and beyond income. Thus, our definition of equity, based on reports and experts, including our community partners, is girded by the notion that **equity is a process and an outcome that ensures a just and fair opportunity for everyone to reach their potential and that addresses historical and current injustices**. Reaching equity requires (1) the removal of obstacles, such as poverty, discrimination, and bias and (2) addressing historical and contemporary injustices such as racism, sexism, and classism. This definition is in line with [Advancing Equity in Early Childhood Education](#),⁴ the position statement from the National Association for the Education of Young Children. Adopted in 2019, it states the following:

All children have the right to equitable learning opportunities that help them achieve their full potential as engaged learners and valued members of society. Thus, all early childhood educators have a professional obligation to advance equity. They can do this best when they are effectively supported by the early learning settings in which they work and when they and their wider communities embrace diversity and full inclusion as strengths, uphold fundamental principles of fairness and justice and work to eliminate structural inequities that limit equitable learning opportunities.

⁴ National Association for the Education of Young Children (2019). *Advancing Equity in Early Childhood Education*. Retrieved from <https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/advancingequitypositionstatement.pdf>

As stated in Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education,⁵ a report co-authored by the Equity Research Action Coalition along with the Children's Equity Project and other national partners,

Equitable learning systems provide access to resources, opportunities, and experiences to children and families that result in positive outcomes that are not associated with children's demographic characteristics. They actively and continuously identify and intentionally eliminate manifestations of systemic racism and other forms of oppression.

The 2010 Racial Equity Toolkit for Policies, Programs, and Budget report, from the Race & Social Justice Initiative, and the Toolkit for State and Local Human Rights and Human Relations Commissions, by the Columbia Law School Human Rights Institute, identified seven principles of anti-racist, social justice, and human rights policymaking for federal, state, and local agencies and policymakers.

Principles of Anti-racist, Social Justice, and Human Rights Policymaking

- Assess community conditions and desired impact and outcomes.

It is critical to prioritize communities and explore and examine their desired outcomes and eventual outcomes of the policies, programs, and services.

- Determine how your policies and strategies will achieve equality in outcomes for all, regardless of economic, racial, or gender status, ethnic origin, gender identity, sexual orientation, age, disability, or other status.

Examine the current disparities along various identities as well as their intersectionality. Explore the potential root causes for disparities and how policies, programs, and services can help to reduce the disparities and inequalities.

- Expand opportunity and access for individuals and communities to experience full human rights.

Examine whether the outcomes will result in people being able to feel “whole” and able to make decisions that best suit their lives; this could include exploring whether there are limitations or barriers for certain groups.

⁵ Meek, S., Iruka, I. U., Allen, R., Yazzie, D., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M. L., Blevins, D., & Powell, T. (2020). *Fourteen priorities to dismantle systemic racism in early care and education*. The Children's Equity Project. Retrieved from: <https://childandfamilysuccess.asu.edu/cep>

- Effect systemic change and accountability for adherence to pro-human rights policies, especially ones that address discrimination in all its forms—regardless of intent.
Fixing “children” or “people” should not be the priority, but rather efforts should address systems, policies, and programs that may create barriers for children and families to reach their potential.
- Promote pro-human rights and racially inclusive collaboration, engagement, and co-creation.
Those most affected by inequities should be included in the solution in thoughtful ways. These activities should not be performative but intentional and authentic and allow people to engage in multiple ways, including meetings, surveys, feedback, conversations, social media, etc.
- Educate on human rights doctrine and racial issues and elevate racial equity consciousness.
Data indicates the pernicious nature of racism in all aspects of our life, from the way systems operate to interactions with people. It is critical to make everyone aware of how racism is operating in systems and programs, including how to address it. Furthermore, intersectionality issues such as sexism and classism, among other inequities, must be examined and addressed.
- Use data/tools to make sound decisions on pro-human rights policies that ensure racial equity.
Data is useful to see disparities and inequities but also to see progress in addressing inequities. Data can also be used to prioritize groups and communities as well as to examine what interventions, including policies, programs, and practices, might be beneficial.



It is essential that young children receive an equitable, positive, and healthy start in life. That is why any policy agenda to dismantle systemic racism in the United States must include bold reforms to the ECE system that concretely address equity in **access, experiences,** and **outcomes.** These plans must focus on equitable **access** to resources and opportunity, equitable **experiences** within systems, and **outcomes** that are not predicted by demographic characteristics. We use the report [Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education](#) as a framework to understand whether and how North Carolina’s ECE programs and policies are meeting the needs of children and families from racially, linguistically, and economically marginalized communities.

Through a community-rooted and mixed-methods approach that included meetings with community and organization leaders, analyses of extant data, and review of current policies and programs, the equity analyses of North Carolina’s ECE systems as described in this report primarily focused on access to ECE. Specifically, researchers took the opportunity to sit down with community partners—including a former president and a current COO of two community agencies, executive directors of Smart Start partnerships, community activists, early intervention specialists, and owners and directors of child care centers—for individual conversations to discuss what they see as most salient in their communities and to identify programs and projects that should be brought to light. In addition, we obtained data to analyze access to child care that is part of the quality rating system, the NC Pre-K program, child care subsidy, and Head Start. We explored how that data related to existing indices, particularly the Community Opportunity Index (COI) 2.0, to help illuminate how a more broadly defined measure than poverty is related to opportunities for children to access quality early childhood education.

Finally, we recognize the importance of addressing experiences and outcomes, but our research is limited by access to publicly available data. Future studies are needed that will go in depth with regard to experiences and outcomes at the child, family, and community levels.

14 PRIORITIES TO DISMANTLE SYSTEMIC RACISM IN EARLY CARE AND EDUCATION

(See Appendix A for recommended actions for each priority.)

1. Disseminate public funds equitably.
2. Move toward holistic, strengths-based, and authentic integration.
3. Embed equity in monitoring and accountability systems.
4. Address workforce equity.
5. Embed equity in workforce preparation and development.
6. Explicitly include equity in the definition of quality and across rating systems.
7. Ensure high-quality curriculum and pedagogy are accessible and culturally responsive.
8. Ensure global classroom quality measurement explicitly assesses equitable experiences.
9. Eliminate harsh discipline.
10. Address equity in early intervention and special education access, identification, and inclusion.
11. Implement a data-driven continuous equity quality improvement cycle.
12. Expand family leadership and engagement efforts.
13. Center family child care.
14. Equitably expand access to dual-language immersion approaches for DLLs.

CHILD OPPORTUNITY INDEX: Community-level availability of North Carolina ECE programs

One way that inequity has been systematized is through segregation and underinvestment or disinvestment in community resources, supports, and opportunities. There are countless studies that reveal the impact of promotive environments, such as high-quality schools and health care, on children’s healthy development and success.⁶ With this in mind, we sought to conduct a statewide analysis of childhood opportunity using the Child Opportunity Index 2.0.

THE CHILD OPPORTUNITY INDEX

The Child Opportunity Index 2.0 (COI 2.0)⁷ is a composite index measured at the census tract level that captures neighborhood resources and conditions that matter for children’s healthy development in a single metric. The Index scores range from 0–100, with 0 being the least opportunity and 100 the most opportunity.

The index focuses on contemporary features of neighborhoods that affect children and is based on 29 indicators spanning three domains: (1) education, (2) health and environment, and (3) social and economic.



⁶ García Coll, C. T., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & García, H. V. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67(5), 1891–1914.

<https://doi.org/10.1111/j.1467-8624.1996.tb01834.x>

⁷ <https://data.diversitydatakids.org/dataset/coi20-child-opportunity-index-2-0-database>

Neighborhood indicators of the Child Opportunity Index 2.0

EDUCATION	HEALTH AND ENVIRONMENT	SOCIAL AND ECONOMIC
<p>Early childhood education</p> <ul style="list-style-type: none"> • Early childhood education centers • High-quality early childhood education centers • Early childhood education environment <p>Elementary education</p> <ul style="list-style-type: none"> • Third grade reading proficiency • Third grade math proficiency <p>Secondary and postsecondary education</p> <ul style="list-style-type: none"> • High school graduation rate • Advanced Placement (AP) course enrollment • College enrollment in nearby institutions <p>Educational and social resources</p> <ul style="list-style-type: none"> • School poverty • Teacher experience • Adult educational attainment 	<p>Healthy environments</p> <ul style="list-style-type: none"> • Access to healthy food • Access to green space • Walkability • Housing vacancy rate <p>Toxic exposures</p> <ul style="list-style-type: none"> • Hazardous waste dump sites • Industrial pollutants in air, water, or soil • Airborne microparticles • Ozone concentration • Extreme heat exposure <p>Health resources</p> <ul style="list-style-type: none"> • Health insurance coverage 	<p>Economic opportunities</p> <ul style="list-style-type: none"> • Employment rate • Commute duration <p>Economic and social resources</p> <ul style="list-style-type: none"> • Poverty rate • Public assistance rate • Homeownership rate • High-skill employment • Median household income • Single-headed households

We use this index as a base map to indicate geographic areas with the greatest need (i.e., least opportunity). From an equity perspective, we map other pieces of information (e.g., access to quality child care, NC Pre-K enrollment, access to child care subsidy, Head Start enrollment) on top of this index to examine whether ECE resources are reaching communities farthest from opportunity.

EARLY CARE AND EDUCATION PROGRAMS

This report includes analysis of data for the following programs:

- Subsidized Child Care
- NCPK/Title I PK (combined)
- Head Start (including American Indian Head Start and Migrant Head Start)
- Early Head Start
- Star Ratings from Quality Rating and Improvement System (QRIS)



It is important to note that this is a study of state and federally funded early care and education programs for which we were able to obtain data. This is not a study of all early care and education options in North Carolina. These other options can account for a significant portion of the total care of children from birth to age 4⁸:

- Private pay (unsubsidized) slots in licensed centers and family child care homes
- License-exempt child care (unless the provider chose to be rated)
- Unlicensed child care homes
- Care by family, friend, and neighbor (FFN) (primarily family and within family, primarily grandparents) (Note: Some states allow relatives to receive subsidies, but North Carolina does not. FFN is a form of care that has benefits for parents and children but is unregulated, so quality is unknown.)

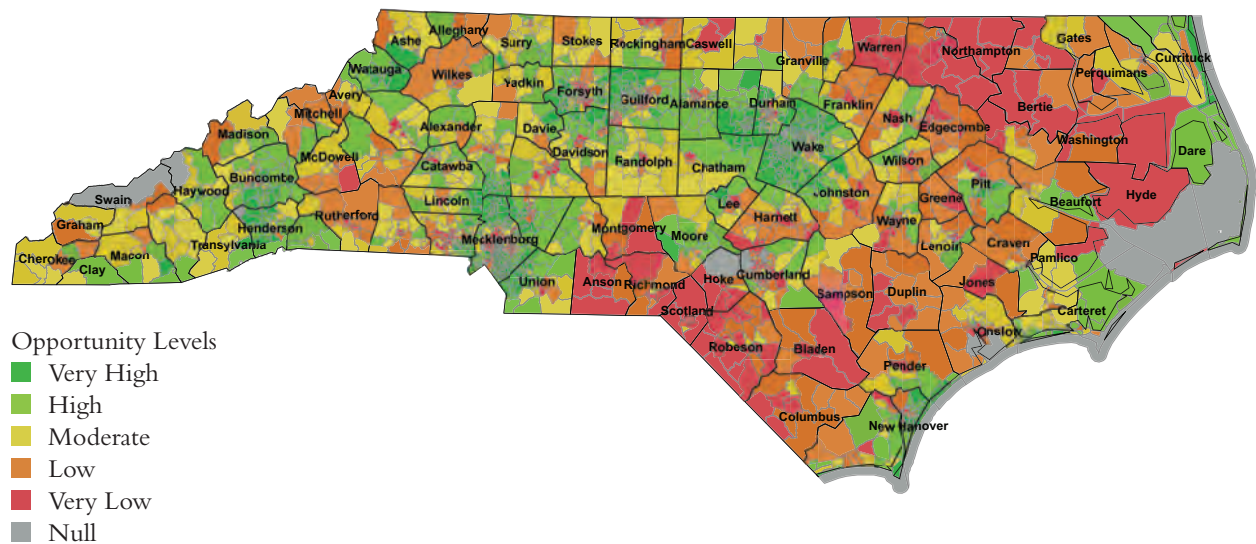
⁸ Erikson Institute and Mathematica (2022). A National Portrait of Unlisted Home-Based Child Care Providers https://www.acf.hhs.gov/sites/default/files/documents/opre/hbccsq_secondary_analyses_fs1_jan2023.pdf

CHILDHOOD OPPORTUNITY ACROSS NORTH CAROLINA

The highest childhood opportunity is in the central part of the state and in the urban metro areas, including the Triangle, Triad, and Mecklenburg County. The lowest childhood opportunities are in the far east, south, and far west regions of the state.

Analyses of the COI score for the 100 counties in North Carolina showed that scores ranged from “very low” to “high” (see [Appendix A](#)). The map demonstrates disparities across the state regarding the level of opportunity, with the north/central counties showing the greatest opportunity and the east and southeast showing the lowest opportunity. However, the map also reveals why using an index at the census tract level is important because there is significant variation even within high-opportunity counties.

North Carolina COI Score Categories



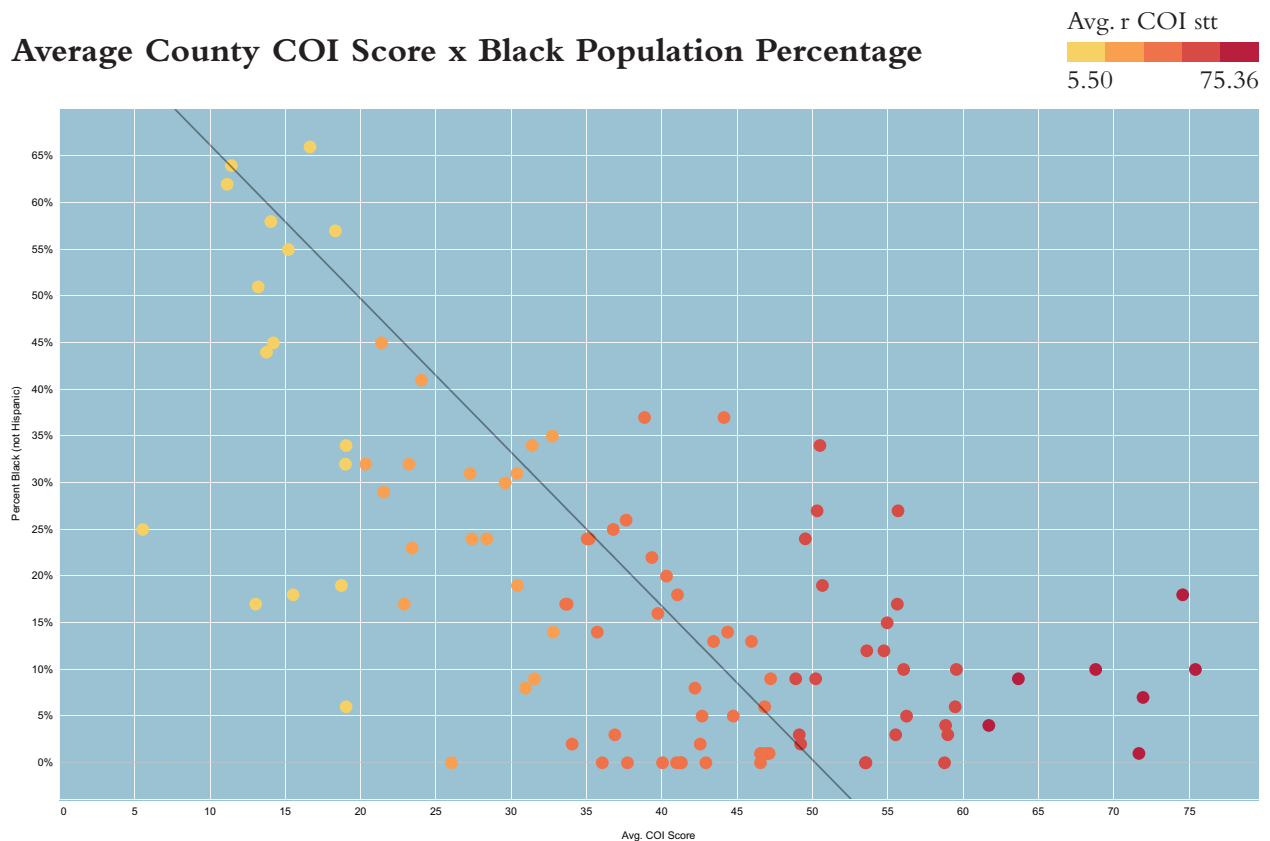
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COMMUNITY RACIAL AND ETHNIC COMPOSITION BY COI RATING

The percentage of Black children in a community is negatively related to the level of opportunity; the lower the opportunity, the greater the percentage of Black children. In contrast, as opportunity increases, the greater the percentage of White children. There was no relationship between COI scores and the percentage of Latine children in communities.

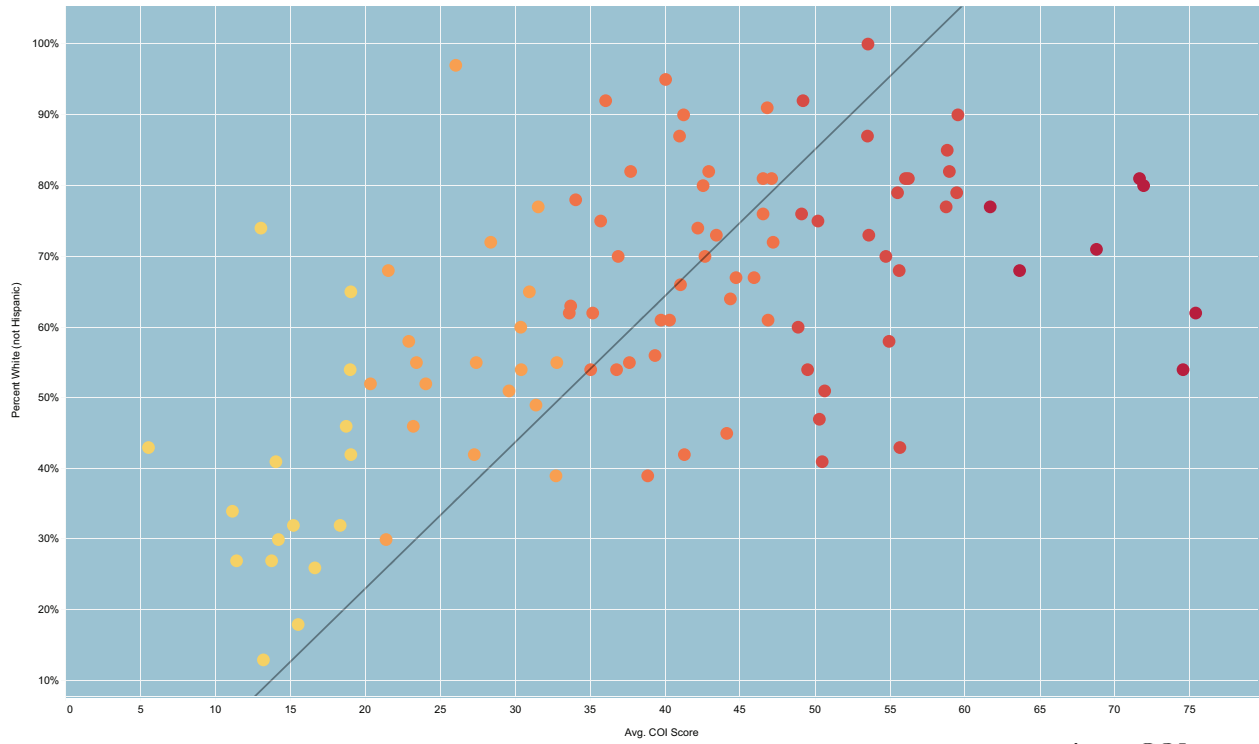
The racial and ethnic makeup of each community was determined using 2022 population data. Correlation analyses were then conducted to assess the relationship of race/ethnicity to the COI. Results revealed that the concentration of Black residents is significantly negatively related to the COI, meaning that as the concentration of Black residents increases, the COI scores decrease, indicating areas of lower opportunity. At the same time, the concentration of White residents is significantly positively related to the COI, meaning that as the concentration of White residents increases, the COI scores increase, indicating areas of higher opportunity. The concentration of Latine residents was not significantly related to the COI.

Average County COI Score x Black Population Percentage



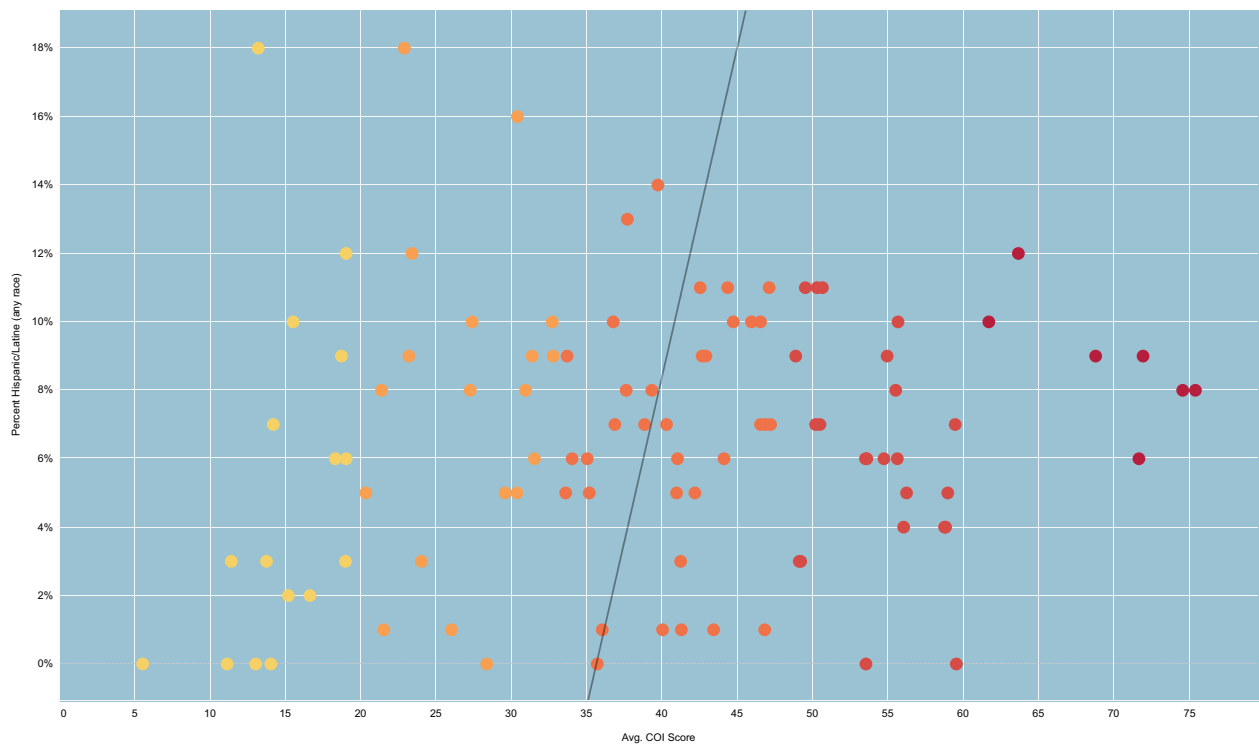
Average County COI Score x White Population Percentage

Avg. r COI stt
 5.50 75.36



Average County COI Score x Latine Population Percentage

Avg. r COI stt
 5.50 75.36



QUALITY CARE ACROSS NORTH CAROLINA BY COI RATING

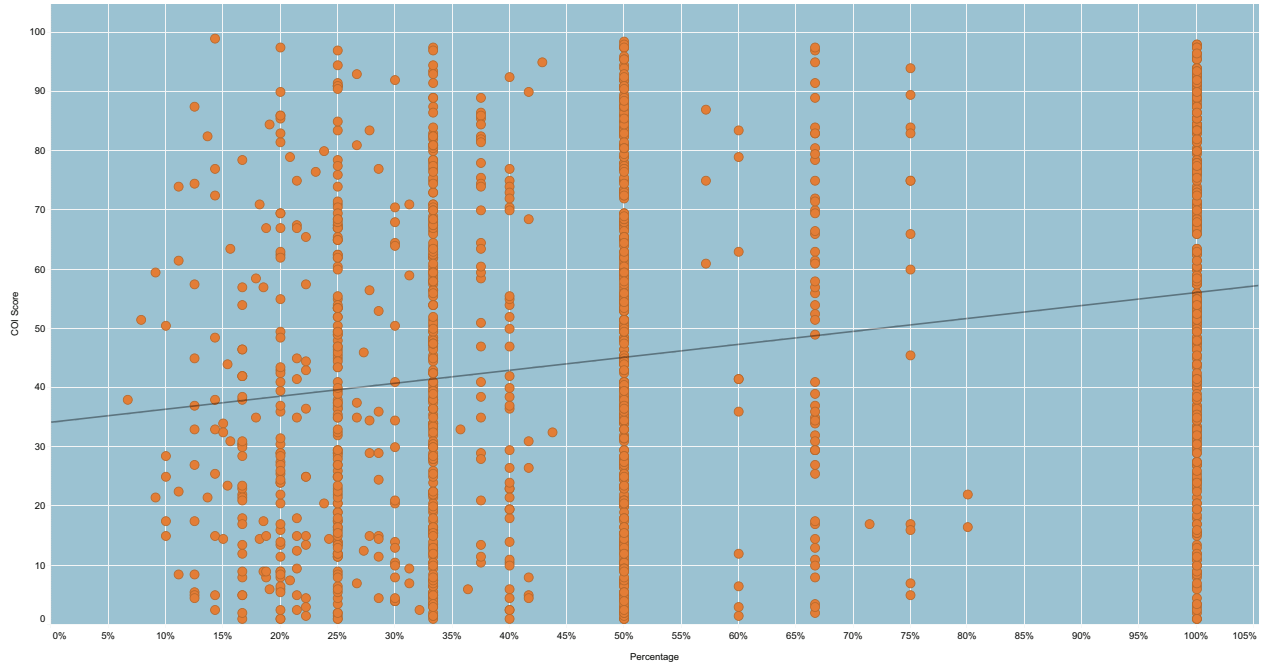
The majority of ECE programs in the rated license system are centers with 3 to 5 stars that are clustered in the metro areas, likely due to the large number of children and families served. However, there were fewer 4- and 5-star programs in the northeast part of the state.

Data from the 2022 NC Rated License System was overlaid with COI rating. Three maps were constructed by star ratings: 4- and 5-star ECE programs, including Head Start; 3- to 5-star ECE programs; and 2-star ECE programs. Unsurprisingly, centers are far more prevalent than family child care homes (FCCHs). Head Start programs seem to be well-represented across the state. Four- and five- star rated programs are concentrated in the metropolitan areas that also have high COI scores, with fewer 4- and 5-star programs in other parts of the state, especially in the northeast, where COI ratings were also very low. A similar pattern was seen for the programs that are rated 3 to 5 stars but with more clustering in the metropolitan areas.

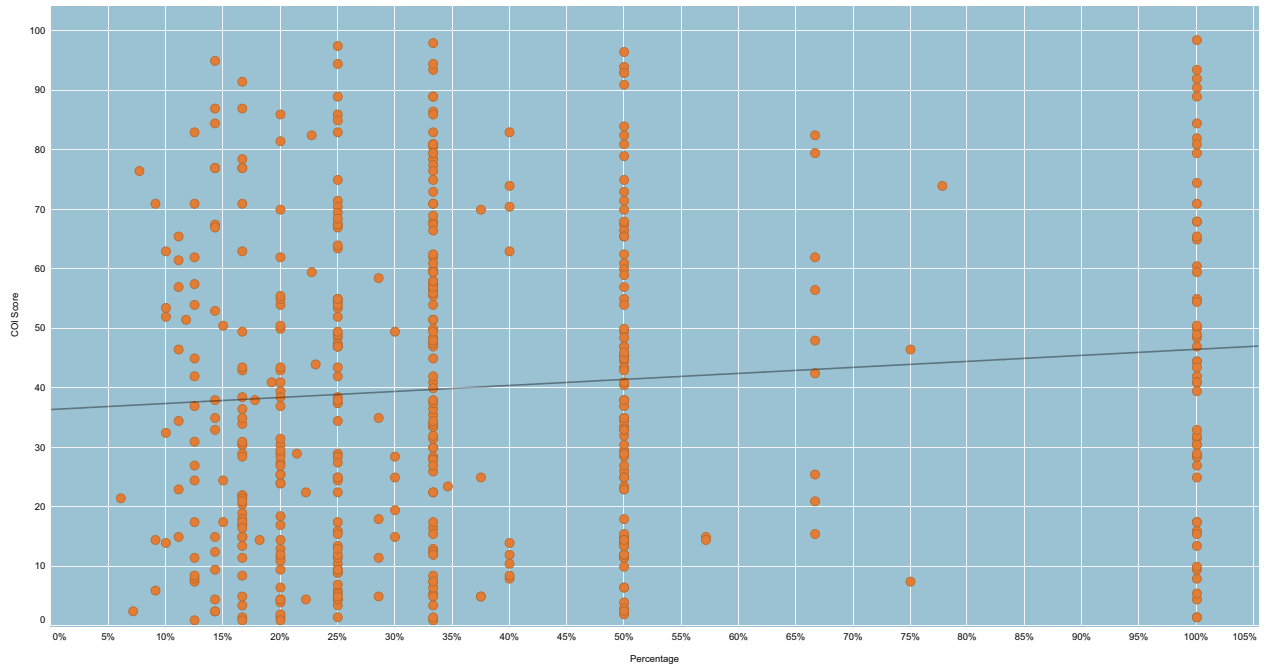
Looking deeper into the census tract level shows the same dispersed pattern. The correlations between 4- and 5-star centers, homes, and the combination of centers and homes do not indicate a strong correlation. There are slightly more 4 to 5 stars in lower-opportunity areas, but this is not significant, indicating that 4- and 5-star programs are serving high-, moderate-, and low-opportunity neighborhoods at about the same rate and that children in low-opportunity neighborhoods have not been excluded from access to high-quality programs. However, this does not mean that there is a sufficient number of quality programs in low-opportunity areas, given that more children in these neighborhoods have a greater need for quality programming than in high-opportunity areas.

The number of 2-star programs is few, as they are not eligible to receive state and federal funding. Therefore, it is important to note which communities still have these 2-star programs because these are not considered high quality.

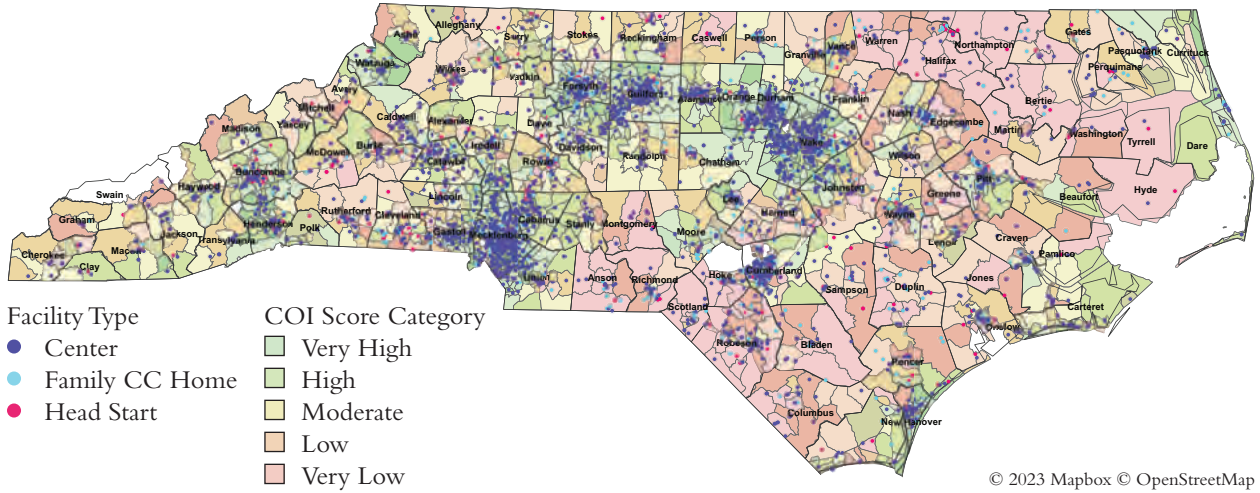
COI Score x 4–5 Star (Centers) at the Census Tract Level



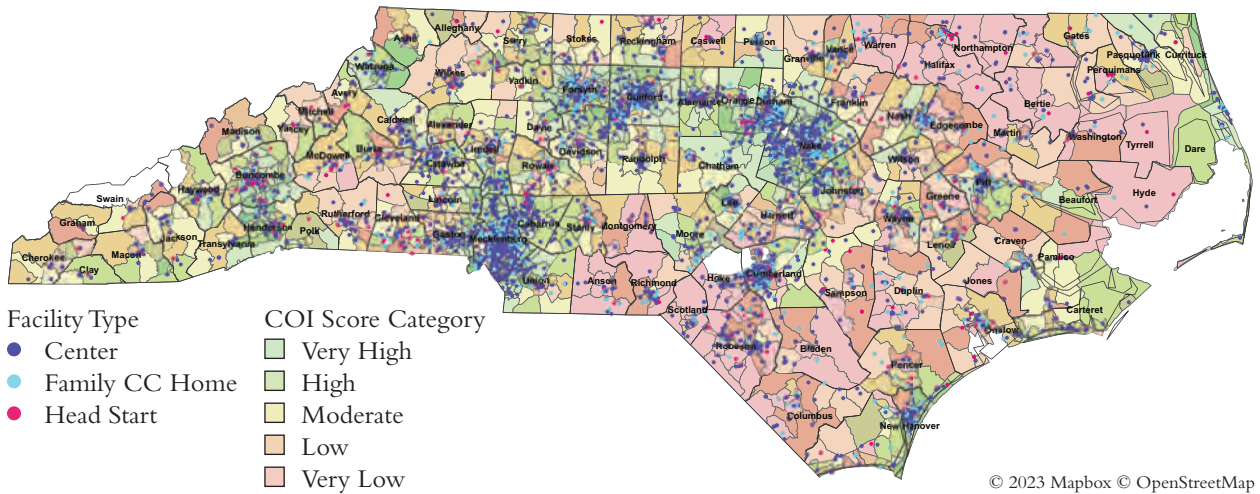
COI Score x 4–5 Star (Homes) at the Census Tract Level



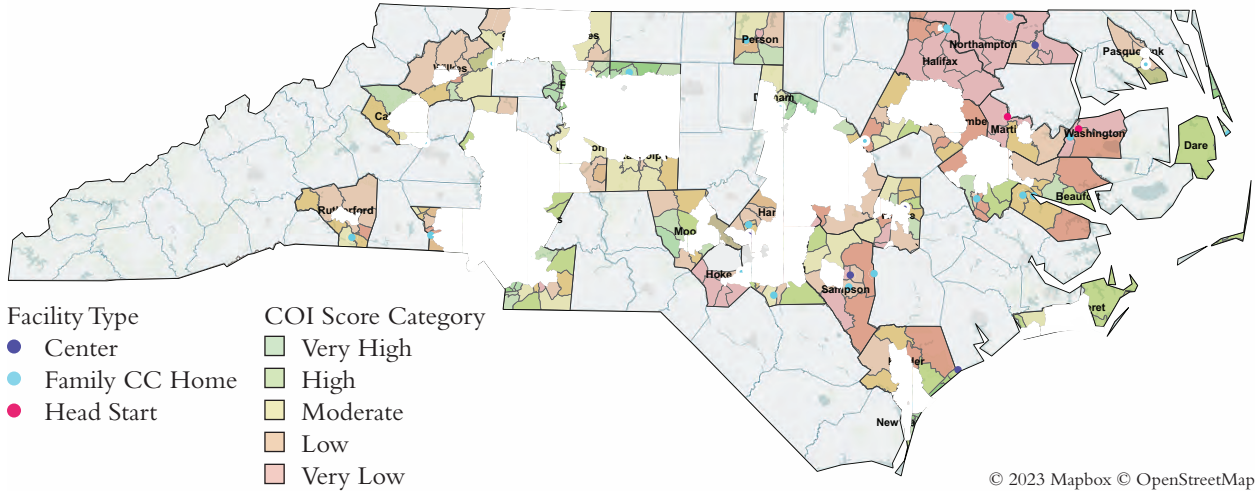
4-5 Star Child Care Centers x COI



3-5 Star Child Care Centers x COI



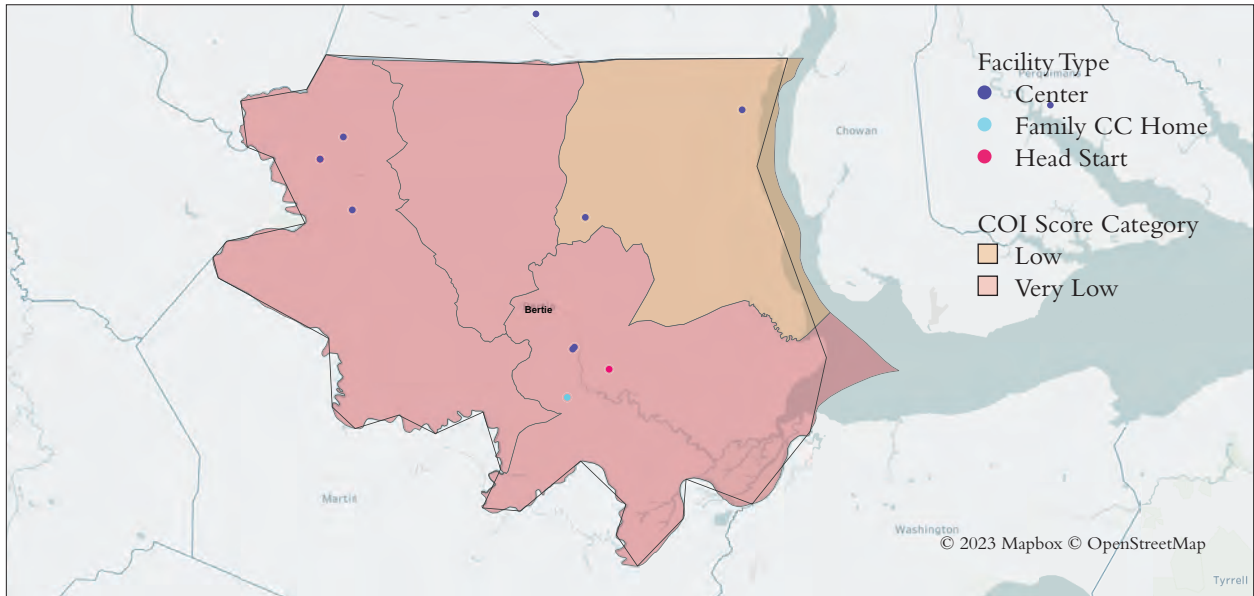
2 Star Child Care Centers x COI



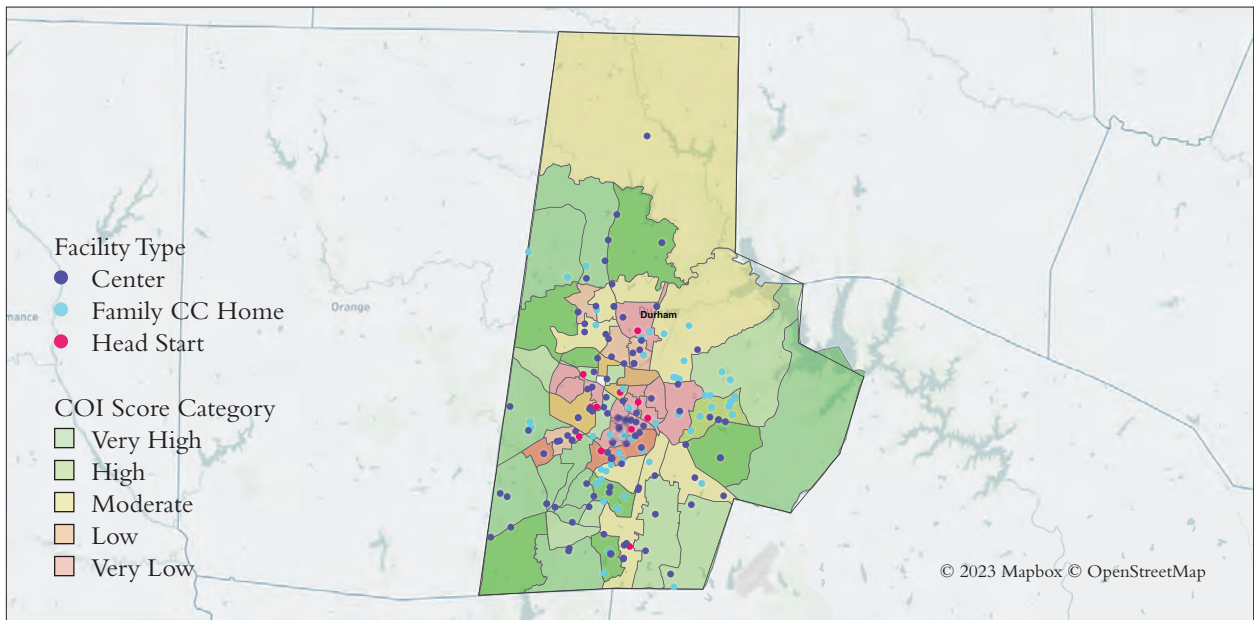
The census tract level of the COI allows us to zoom in on a given county to determine which communities have the greatest need for quality child care and what types of child care are prevalent. We give examples of four counties: Bertie, Durham, Mecklenburg, and Wake. Bertie County represents a less-populated county. Durham, Mecklenburg, and Wake, the most populous counties, allow us to see the great variation that occurs within large counties that would be missed with county-level data.

In addition to its census tracts being scored as low or very low on the COI index, Bertie County has just a handful of 4- and 5-star programs, including one family child care home that is a 4 or 5 star. There is great COI diversity within Durham, Mecklenburg, and Wake counties based on their COI ratings. While there are 4- and 5-star programs in these counties, the availability of these options varied within the counties and were clustered in the center of the county. There seem to be fewer programs in the low COI tracts compared to moderate COI tracts.

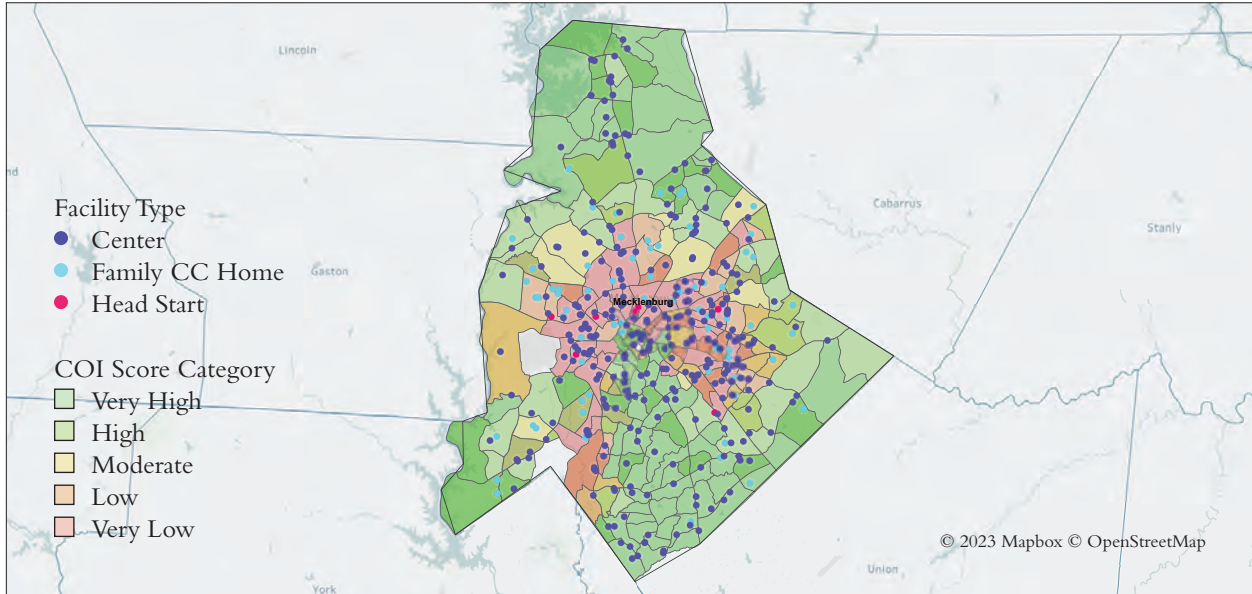
4–5 Star Child Care Centers x COI—Bertie County



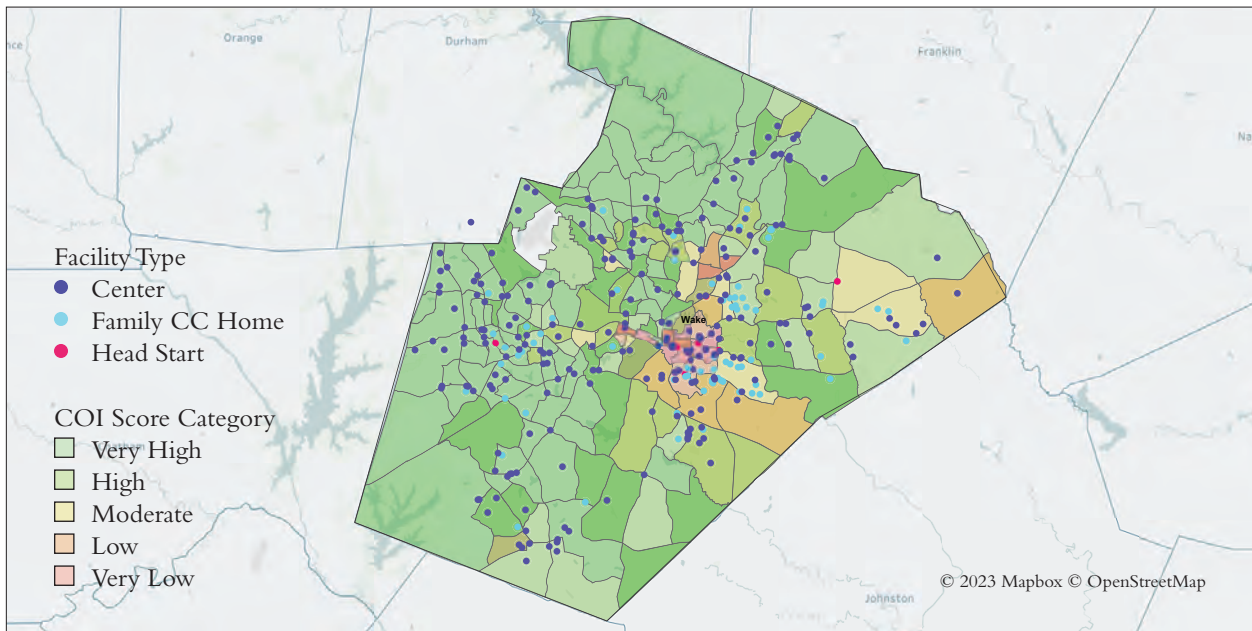
4–5 Star Child Care Centers x COI—Durham County



4-5 Star Child Care Centers x COI—Mecklenburg County



4-5 Star Child Care Centers x COI—Wake County

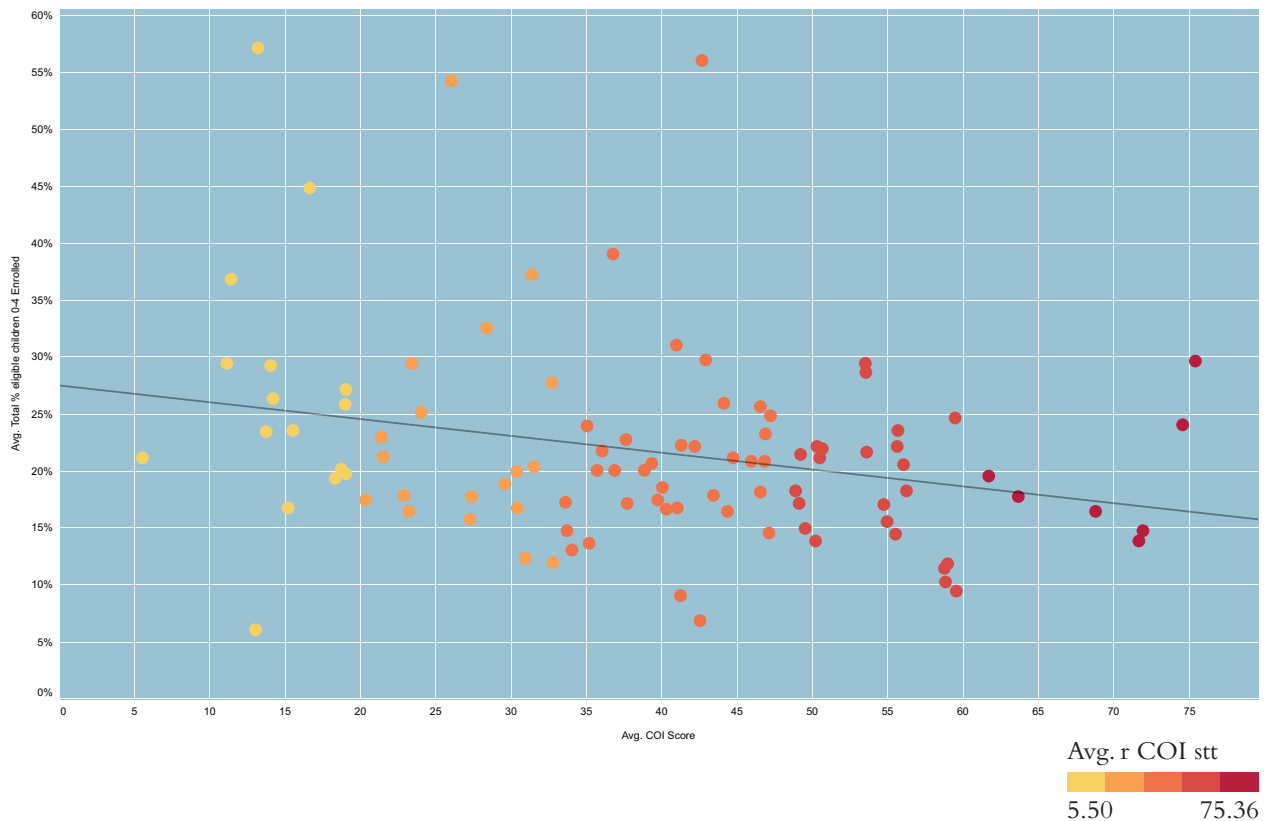


DISTRIBUTION OF CHILD-CARE SUBSIDY BY COI

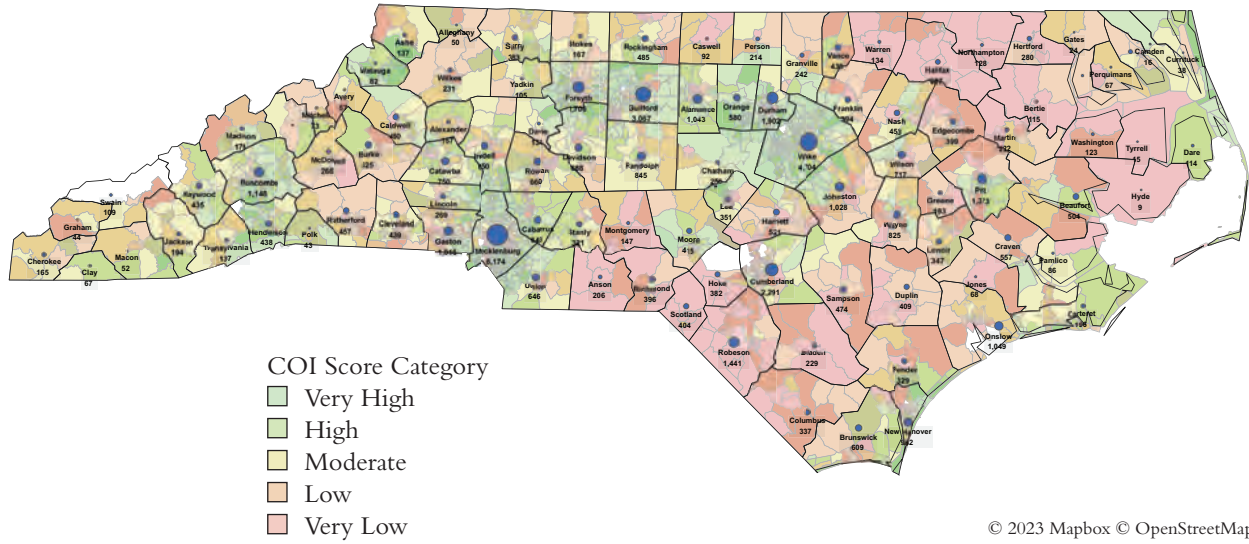
While children four years old and younger who live in low-income households and in low COI communities are likely to receive subsidy, there was generally an even distribution of subsidy regardless of COI ratings at the county level.

The number of families receiving child care subsidy across North Carolina was crossed with COI rating. Unsurprisingly, there seems to be greater subsidy distribution in the metropolitan areas due to the large number of children and families being served. However, there is far less child care subsidy distribution in the low COI tracts, especially in the northeast. This is consistent with the nonsignificant correlation between child care subsidy distribution and average COI for a given county. But when examining the percentage of children ages 0–4 living in households under 200% poverty receiving subsidy, low COI tracts seem to receive moderate levels of subsidy, while high COI tracts are in the range of 0–25%.

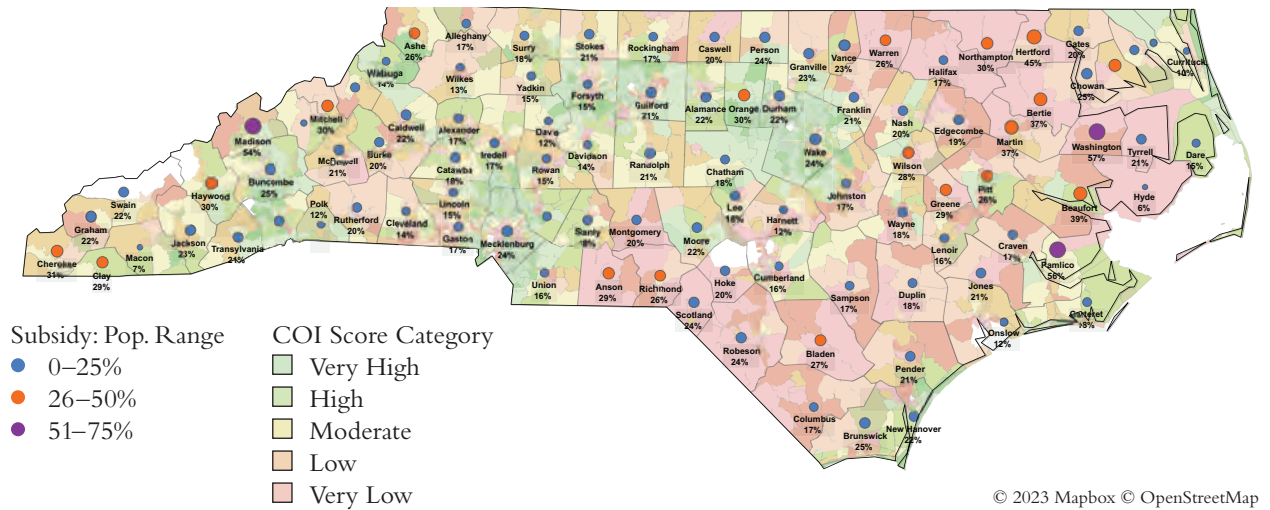
Correlation of average county COI and Percentage eligible receiving subsidy



Subsidy Slots Per County



Ratio of Children Receiving Subsidy to Children Age 0–4 Below 200% Poverty

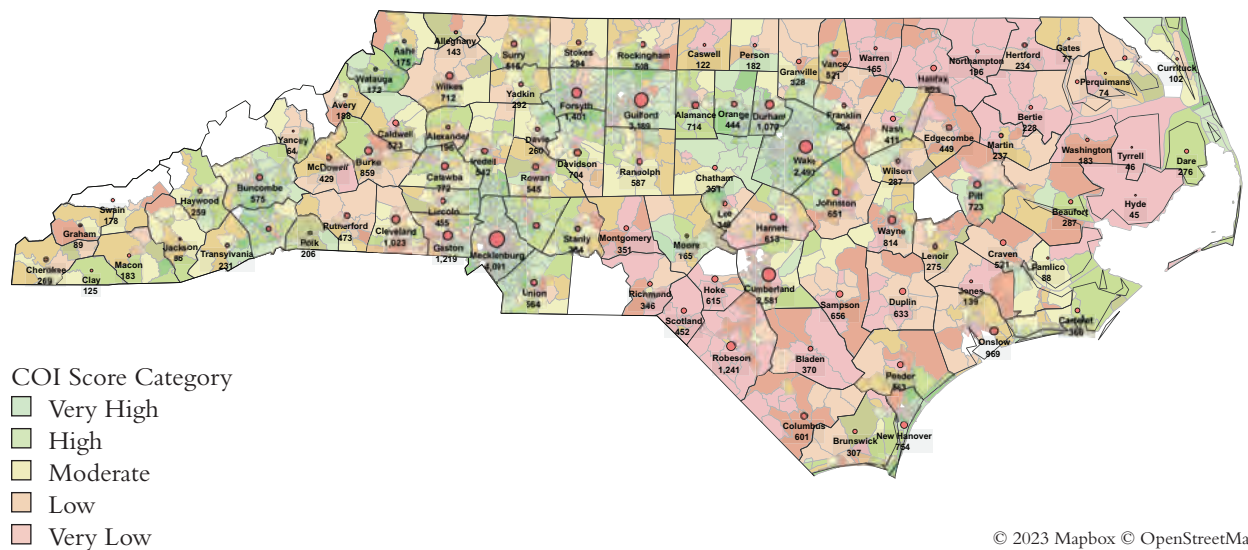


DISTRIBUTION OF NCPK AND TITLE I PK (COMBINED) BY COI RATING

While there is no discernible link between COI and NC Pre-K and Title I Pre-K slots, counties with low COI ratings tended to serve more 4-year-olds from low-income households.

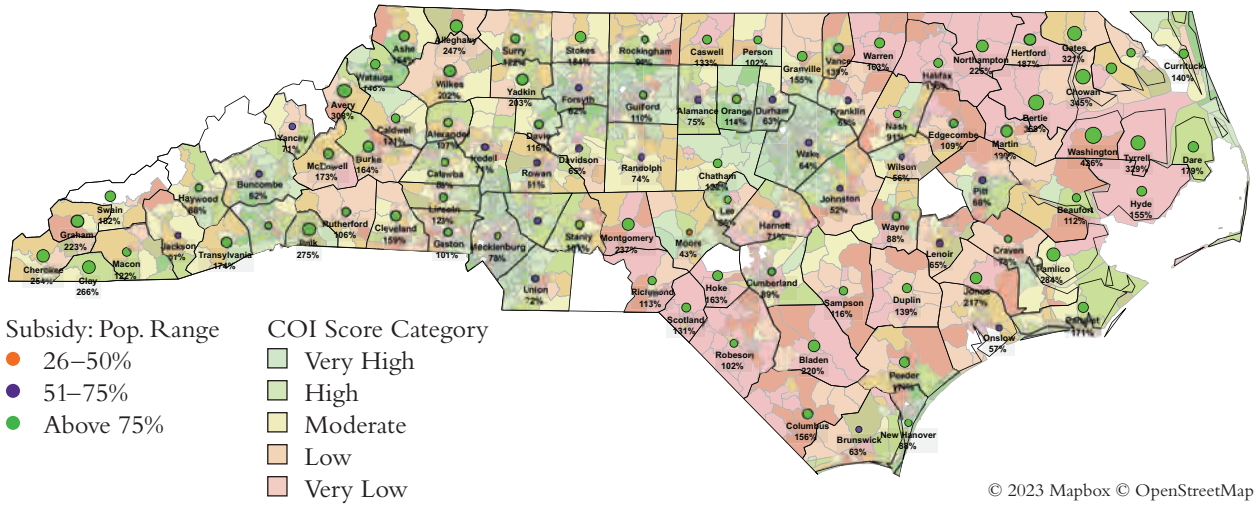
The number of funded NC Pre-K and Title I Pre-K slots by county was crossed by COI rating. While there were NC Pre-K and Title I slots in every county, they were predominant in large metro areas, including Cumberland, Durham, Guilford, Mecklenburg, and Wake counties. Furthermore, counties with the greatest need (i.e., lower COI) seem to provide NC Pre-K slots for 75% or more of eligible 4-year-olds living in households below 200% of the poverty level. Nevertheless, there was no link between the average COI of a county and NC Pre-K and Title I Pre-K slots.

Title I + NCPK Count (COI Submap)

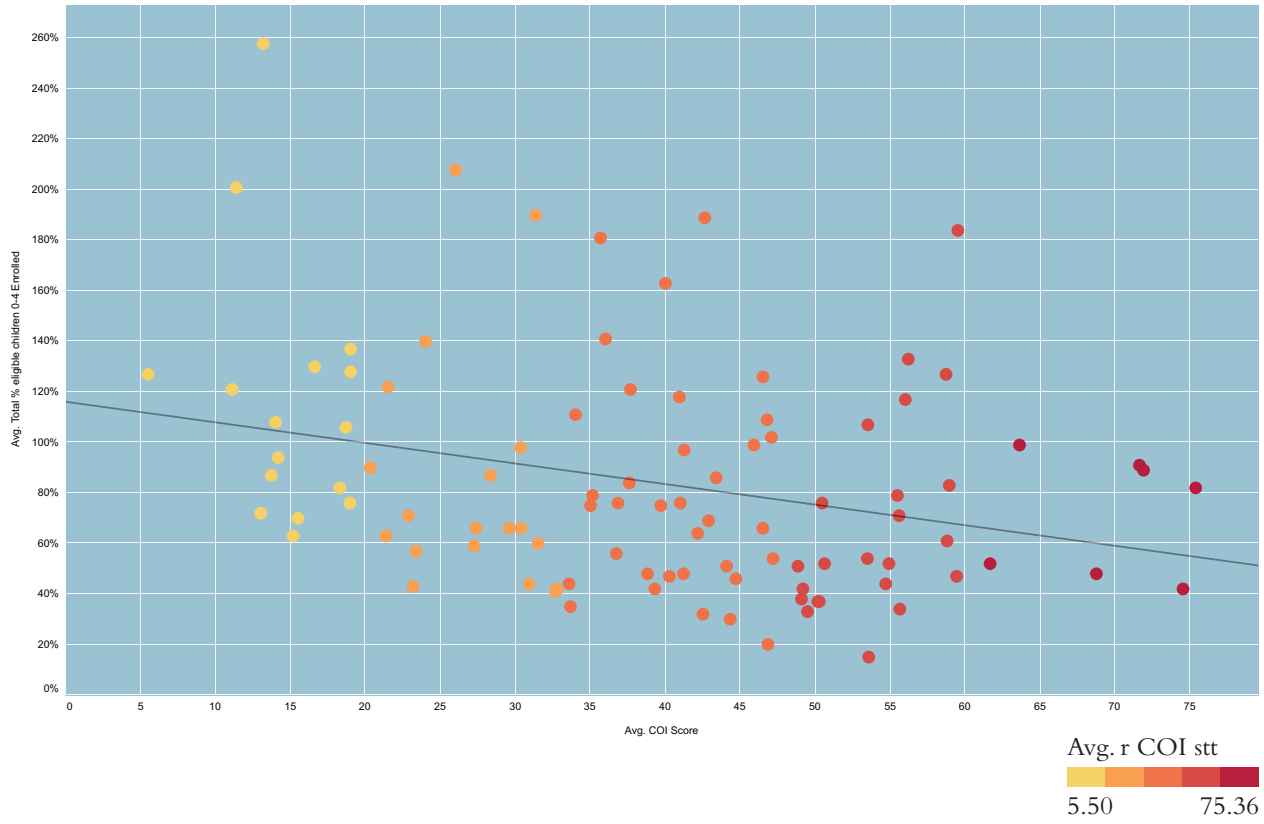


© 2023 Mapbox © OpenStreetMap

Title I + NCPK: Population (COI Submap)



Correlation of average county COI and Percentage eligible receiving NC Pre-K



DISTRIBUTION OF HEAD START

Head Start is available in the majority of North Carolina’s 100 counties. While the majority of children served in Head Start and Early Head Start are racial and ethnic minorities—with the greatest number being Black—it is unclear whether the program is reaching all eligible children, especially when serving multiple counties.

Head Start appears to be widely accessible in most North Carolina counties. Black children represent close to 60% of the Head Start population and 40% of the Early Head Start population, followed by Hispanic children (see Table 1). Head Start is available across North Carolina, typically serving multiple counties.⁹ Color-coding in the map below represents Head Start administrative multi-county service areas. There are also Tribal and Migrant/seasonal Head Start programs, as well as Early Head Start programs. Even with the wide distribution of Head Start and Early Head Start programs, it is not clear if all counties in the multi-service areas are being served equitably. Head Start (including Native American Indian Head Start and Migrant Head Start) enrolled 12,058 children in North Carolina, which is 35.7% of eligible three- and four-year-olds in families with income under 100% poverty. Early Head Start enrolled 2,575 children, which is only 3% of eligible children birth to age 2 under 100% poverty.¹⁰

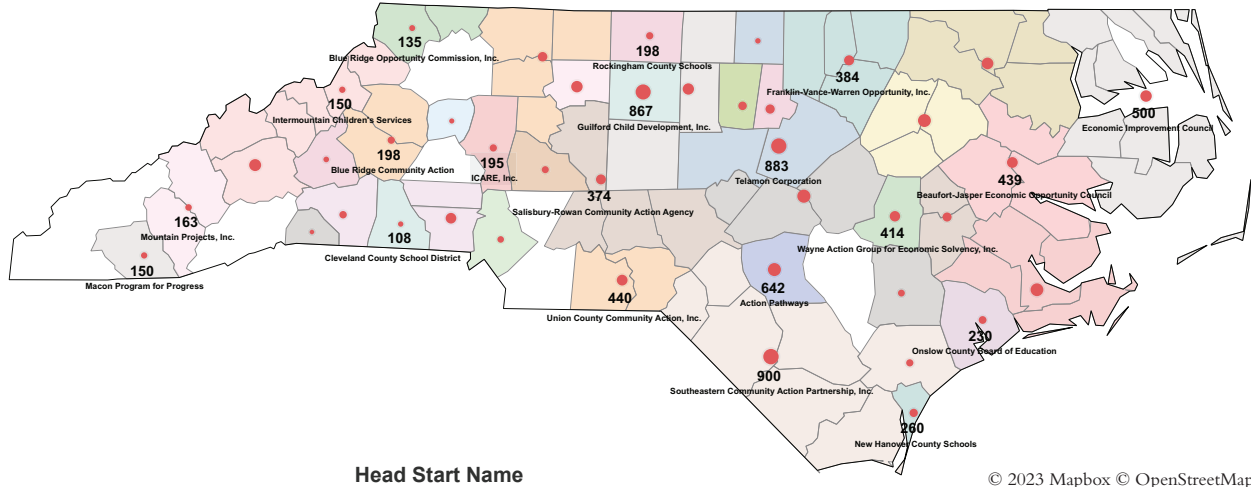
Table 1. Early Head Start and Head Start Enrollment by Race/Ethnicity, 2021

Race/Ethnicity	Early Head Start		Head Start	
	#	%	#	%
NH, Black	998	39%	6,504	54%
NH, White	738	29%	2,231	19%
Hispanic (any race)	649	25%	2,399	20%
Native American/Alaska Native	76	3%	341	3%
Asian	5	<1%	101	1%
Multi-Racial	29	1%	165	1%
Other	80	3%	316	3%
Total	2,575	100%	12,057	100%

⁹ Data was not available for four Head Start agencies due to the lack of ability to match the agency name with the Head Start database.

¹⁰ U.S. Census Bureau (2016–2020). *Age by Ratio of Income to Poverty Level in the Past 12 Months American Community Survey 5-year estimates*. Retrieved from Table B17024 <https://censusreporter.org>
 U.S. Department of Health and Human Services, Office of Head Start, Head Start Enterprise System. Data retrieved from <https://hses.ohs.acf.hhs.gov/auth/login> [note: to use the database you must request access first at Help@hsesinfo.org]

Total Funded Slots, Head Start (includes Indian and Migrant Head Start)

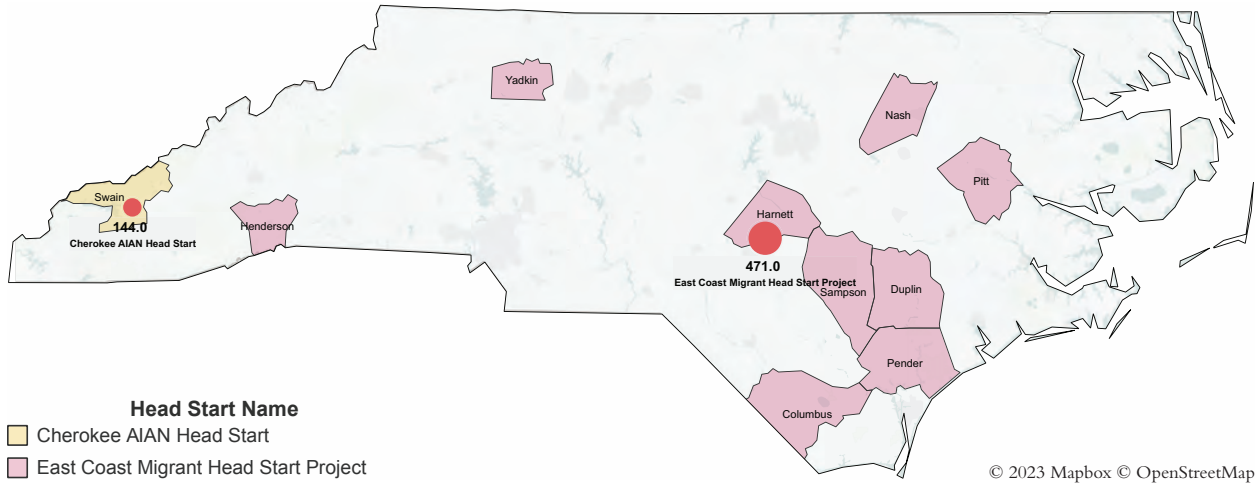


Head Start Name

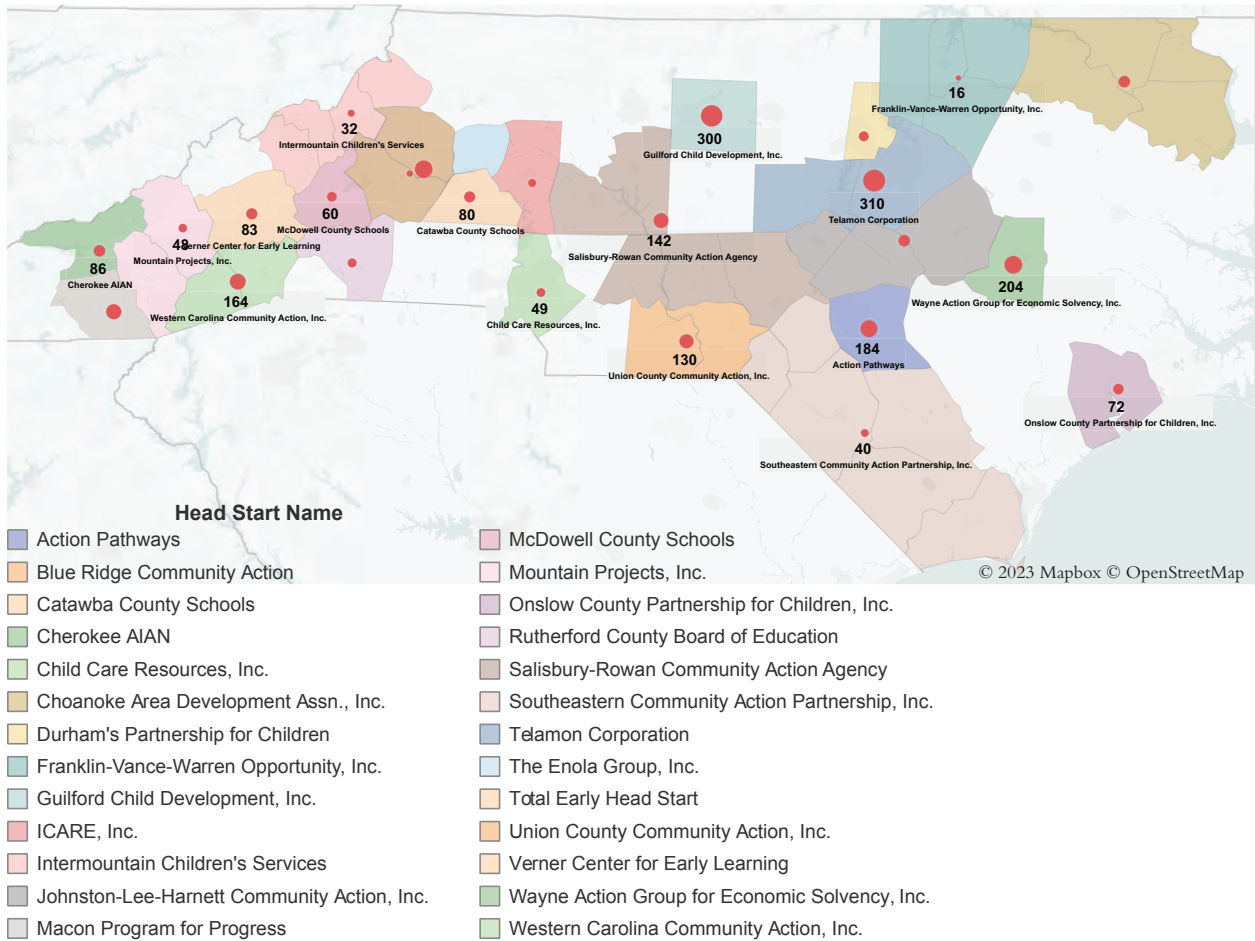
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- | | |
|---|---|
| <ul style="list-style-type: none"> ■ Action Pathways ■ Alexander County ■ Beaufort-Jasper Economic Opportunity Council ■ Blue Ridge Community Action ■ Blue Ridge Opportunity Commission, Inc. ■ Chapel Hill Carrboro City Schools ■ Chapel Hill Training-Outreach Project, Inc. ■ Child Care Resources, Inc. ■ Choanoke Area Development Assn., Inc. ■ Cleveland County School District ■ Coastal Community Action ■ Community Action Opportunities ■ Duplin County Board of Education ■ Economic Improvement Council ■ Families and Communities Rising ■ Family Services, Inc. ■ Franklin-Vance-Warren Opportunity, Inc. ■ Gaston Community Action, Inc. ■ Greene Lamp, Inc. ■ Guilford Child Development, Inc. ■ ICARE, Inc. ■ Intermountain Children's Services | <ul style="list-style-type: none"> ■ Johnston-Lee-Harnett Community Action, Inc. ■ Kannapolis Board of Education ■ Macon Program for Progress ■ McDowell County Schools ■ Mountain Projects, Inc. ■ Nash Edgecombe Economic Development, Inc. ■ New Hanover County Schools ■ Onslow County Board of Education ■ Pender County Board of Education ■ Person County School District ■ Polk County Schools ■ Regional Consolidated Services ■ Rockingham County Schools ■ Rutherford County Board of Education ■ Salisbury-Rowan Community Action Agency ■ Southeastern Community Action Partnership, Inc. ■ Telamon Corporation ■ Total Head Start ■ Union County Community Action, Inc. ■ Wayne Action Group for Economic Solvency, Inc. ■ Yadkin Valley Economic Development District, Inc. |
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Total Funded Slots – AIAN and Migrant Head Start



Total Funded Slots – Early Head Start

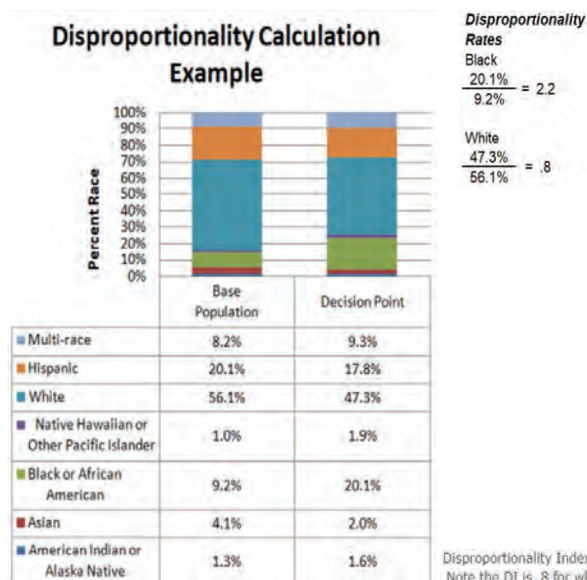


DISPROPORTIONALITY ANALYSIS:

Equitable access to North Carolina ECE programs

This set of analyses seeks to determine whether racial and ethnic groups are overrepresented, underrepresented, or proportionate when it comes to their participation in a given ECE program, using a disproportionality index. The ECE programs of interest are child care subsidy, NC Pre-K and Title I Pre-K (combined), and Early Intervention. The Disproportionality Index (DI) score is a measure of the difference between the racial/ethnic composition in programs and the distribution by race/ethnicity for the eligible population for each program. If there is an exact match between the program and population distribution, the index score would be 1.0.

DI is sensitive to the geographic scale of analysis. Larger multi-county and state-level data may not capture the true level of disproportionality, as it averages out high and low disproportionality. An analysis of ECE disproportionality will be most accurate in small service areas, such as census tracts to model neighborhoods and access to services. The index itself does not determine whether the score is significantly high or low. To determine significance, the mean and standard deviation was calculated for each racial/ethnic category separately, with +/- 1 standard deviation above and below the mean (the state average) to indicate over-representation and under-representation. The mean and standard deviation vary for each program and racial/ethnic group.



The Disproportionality Index score was calculated for Subsidized Child Care and NCPK/Title I for each county by race and ethnicity data available. Early Intervention data on race and ethnicity was available only for large multi-county health regions, which consist of, on average, 10 counties each.

STATE LEVEL

Overall, the North Carolina average Disproportionality Index score indicates that there is neither over-representation nor under-representation by race/ethnicity in child care subsidy and NC Pre-K.

- The average disproportionality score for child care subsidy is 1.30 (Black) and 0.78 (White). These levels do not exceed the thresholds for over- or under-representation at the state level.
- The average disproportionality score for NC Pre-K is .79 (Black), 1.08 (Hispanic), and 1.00 (White). These levels do not exceed the thresholds for over- or under-representation at the state level.

COUNTY LEVEL

The state-level average obscures significant under- and over-representation in many counties. Therefore, it is extremely important to select the proper unit of analysis. The closer we can get to the actual service area of the program, the greater the accuracy of the index score. This analysis relies on data captured at the county level, but if we were to look at sub-county areas such as cities and census tracts, we would likely find even greater disproportionality.

1. Subsidized Child Care Disproportionality Index Score

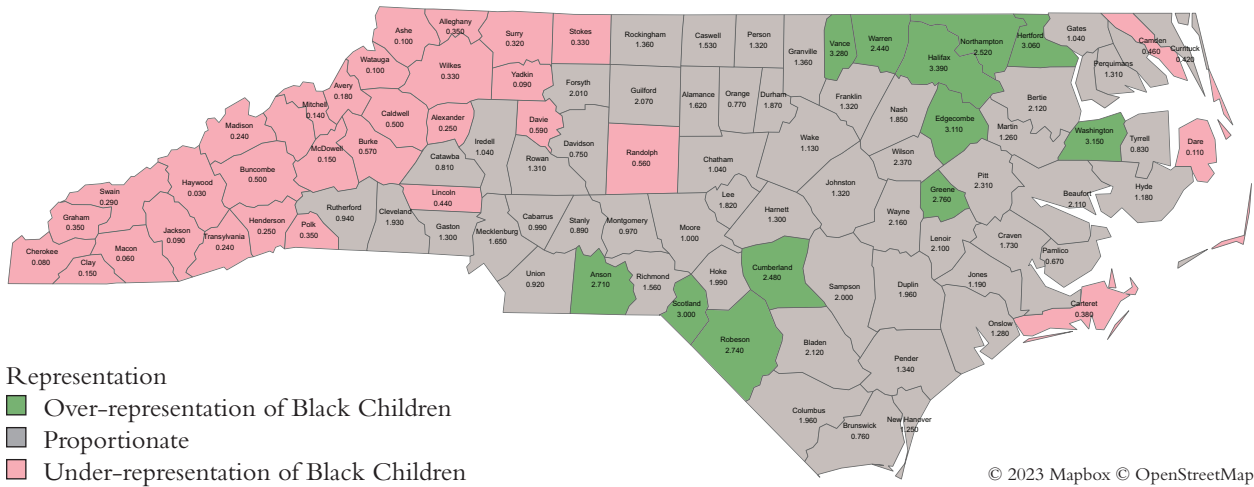
- In the child care subsidy program, there are 32 counties (approximately one-third of all counties) that have an under-representation of Black participants, which indicates a significant under-representation of Black children, primarily in the western region of the state (see Table 2).
- Conversely, there are 32 counties that have an over-representation of White participants, which indicates a significant over-representation of White children in child care subsidy programs.
- In 29 counties (over one-fourth of all counties), there is both under-representation of Black participants and over-representation of White participants in the same county.

Table 2. Disproportionality Index for Child Care Subsidy in NC’s 100 Counties

Subsidy Disproportionality Index # Counties (cut-points based on +/- 1 standard deviation)	Black (over 2.4; under .6)	Hispanic	White (over 1.5; under .1)
Over-represented	12	NA	32
Neither over- nor under-represented	56	NA	75
Under-represented	32	NA	3
Total	100 counties	NA	100 counties
North Carolina Average (Note: 1.0 is proportionate)	1.30	NA	.78

Note. NA – Data on Hispanic ethnicity was not available. Green: White children significantly over-represented. Pink: Black children significantly under-represented. Full list of counties is available in the appendix.

North Carolina Subsidized Child Care Disproportionality for Black Children



2. NC Pre-K/Title 1 Program Disproportionality Index Score

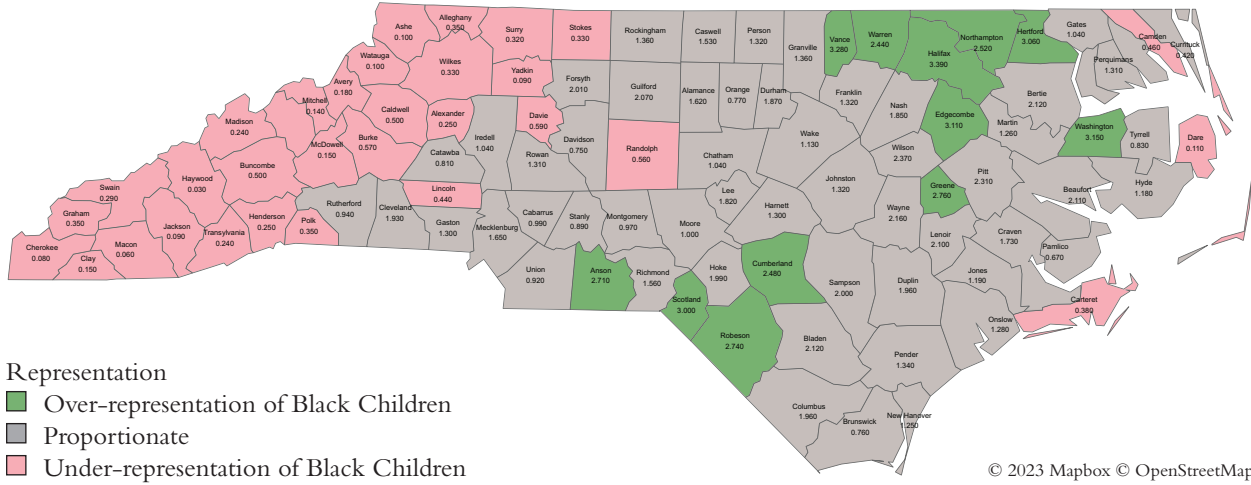
- The NC Pre-K/Title 1 program showed a significant over-representation in White (21 counties) and Hispanic children (17 counties) compared to 5 counties for Black children (see Table 3).
- The NC Pre-K/Title 1 program showed a significant under-representation of Black participants in 46 counties (close to half of all counties), while Hispanics were under-represented in 7 counties and White participants in 9 counties.
- In 19 counties, there is both under-representation of Black participants and over-representation of White participants in the same county.

Table 3. Disproportionality Index for NC Pre-K/Title 1 in NC’s 100 Counties

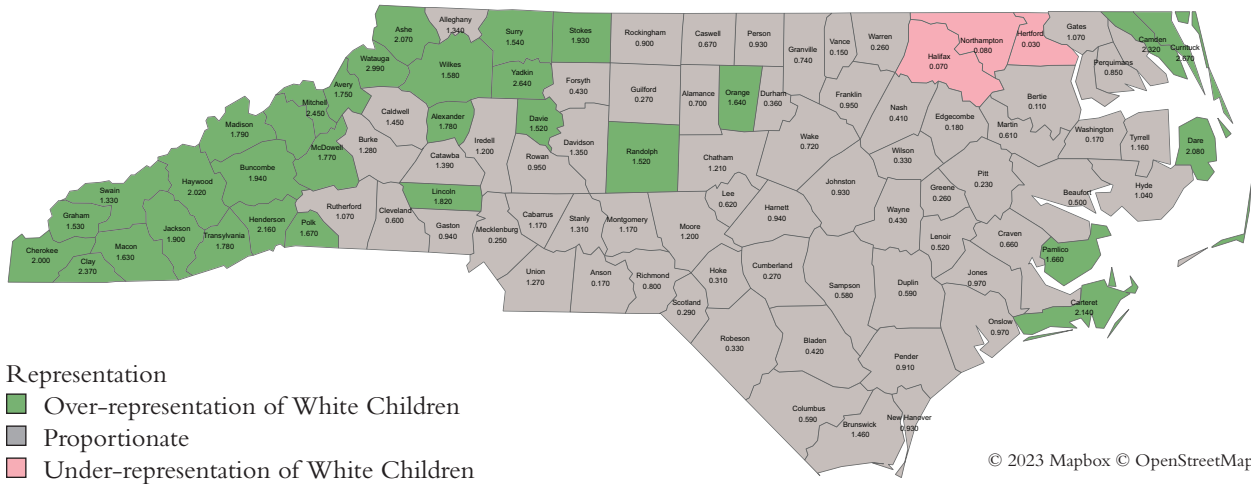
NCPK Disproportionality Index # Counties (cut-points based on +/- 1 standard deviation)	Black (over 1.5; under .1)	Hispanic (over 1.9; under .3)	White (over 1.6; under .4)
Over-represented	5	17	21
Neither over- nor under-represented	39	76	70
Under-represented	46	7	9
Total	100 counties	100 counties	100 counties
North Carolina Average (Note: 1.0 is proportionate)	.79	1.08	1.00

Note. Green: White children significantly over-represented. Pink: Black children significantly under-represented. Full list of counties is available in the appendix. Race/ethnicity for Title 1 PK is unavailable, so NCPK estimates are used.

Disproportionality of Black children in NC Pre-K/Title I



Disproportionality of White children in NC Pre-K/Title I



3. Early Intervention (EI) Program Disproportionality Index Score

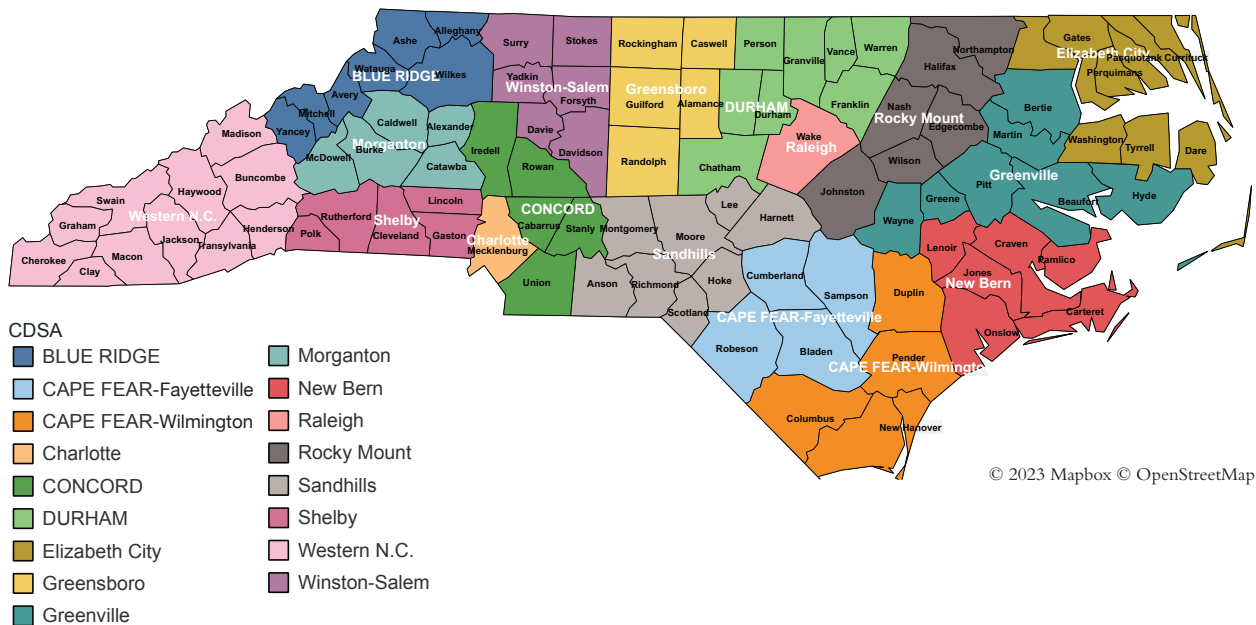
The disproportionality scores reveal that the EI program appears to be equitable in its dissemination (see Table 4). The percentages of children being served are very close to the percentages of children birth to age 3 in the population. However, there are a few items that should be noted. First, the level of analysis is regional, so it is entirely possible that there are disparities within these regions. Also, it could be argued that proportionality is not equitable if children of color tend to need services at a higher rate. Data on the number of children birth to age 3, including their race/ethnicity, who need EI services is not currently publicly available.

Table 4. Disproportionality Index for Early Intervention Programs in the 16 Children’s Developmental Service Agencies (CDSAs)

Early Intervention Disproportionality Index, # Counties (cut-points based on +/- 1 standard deviation)	Black	Hispanic	White
Over-represented			
Neither over- nor under-represented	16	16	16
Under-represented			
Total	16 agencies	16 agencies	16 agencies
North Carolina Average (Note: 1.0 is proportionate)	1.05	1.08	92

Note. Total CDSAs=16.

North Carolina CSDA Counties



VOICES FROM THE FIELD:

Perspectives of ECE community partners

One of the central aspects of this project is the coordination of early childhood education community partners who have expertise and unique perspectives on working toward equity in their communities. In addition to engaging in group meetings, researchers conducted a 60-minute interview with each community partner to discuss what they see as most salient in their communities and to identify programs and projects that should be brought to light. These interviews occurred in October and November 2022. The partners included community agency administrators (i.e., a former president and a chief operating officer), executive directors of Smart Start partnerships, community activists, and early intervention specialists, as well as owners and directors of child care centers.



The conversations were guided by the 14 priorities for dismantling system racism in ECE, as outlined in the *Start with Equity* report. The questions provided to these partners in advance included the following:

- Do any of the 14 priorities seem more important or more urgent than others?
- Do you see certain programs or policies that particularly address each of these specific priorities well?
- Do you see certain programs or policies that do not address these priorities and the resources should be invested elsewhere?
- Are there priorities that are particularly important to your local community?
- Are there community-level programs and policies you would like to see expanded?
- Have you come across any articles, data, reports, webinars, etc. that you would want to share with others?

FINDINGS

Community partners stress the importance of addressing inequitable funding.

One of the most prevalent themes throughout the conversations was the need to disseminate public funds equitably. The president of a North Carolina professional organization described the epiphany she recently had regarding how funds are disseminated. She explained that over 20 years ago, when the first Child Care Development Fund (CCDF) program regulations were released, officials generally were not thinking about equity. The focus was simply on providing money for families for child care. Now there is a greater understanding of the fact that gaining access to these dollars is much more difficult for vulnerable populations. This individual visualizes “funding navigators” who could go into communities to identify those who have difficulty accessing programs—and those who do not even know the programs exist for them to access. She said the Child Care Resource and Referral agencies (CCR&Rs) were originally designed to do this, but they were not adequately funded. She has seen attempts at this model, such as in Guilford County; however, she reiterates that, in order for this model to work, there must be enough funding and it must be intentional.

An executive director (ED) of a Smart Start Partnership in southeastern North Carolina described her community as having some of the worst outcomes in the state in terms of health and education. She expressed her frustration with the nature of a tax-based system. While she understands the concept of providing more resources to the communities that have more people, the fact gets overlooked that some communities not only have fewer people, but the tax base is far less. Therefore, there are significant limits to what can be accomplished. She explained that when you take into account the salaries of the tax base, you are setting the community up for failure due to funding limitations. The schools in this particular community have not been updated since they were built in the 1980s. She notes major issues with mold, a lack of working drinking fountains, and even an occasion of raw sewage seeping into classrooms. The inequitable public funding extends from education to health care, as she describes having to drive two hours to get what she feels is adequate health care. She feels that this type of inequity is accepted as the status quo, like someone must be on the bottom: *“Sometimes I feel like somebody has to be at the bottom, so let’s just leave them there.”*

Another aspect of the inequitable dissemination of funding was expressed by a Migrant Head Start leader. This program provides services to children of farmworkers in 10 states, one of which is North Carolina. He described how traditional funding structures do not fit with the way this population must be served. The majority of the funding comes from the federal level of Head Start because state funds are not accessible to the migrant population. The Migrant Head Start programs do not meet requirements for receiving state funding, such as individuals living in a state long enough to establish residency or a facility being open a requisite number of hours for enough of the year. Although these organizations receive less funding, they must provide additional services to meet the needs of the population. For example, Migrant Head Start serves children ages six weeks to five or six years, and those children are often in care for extended hours in order to accommodate their parents’ 12- to 14-hour workdays.

A former director of a private child care center explained that while in that role she saw firsthand the important role that vouchers play in ensuring equitable funding, so that all parents have a choice about where to enroll their children. However, she indicated that there is a general lack of awareness among providers and parents as to how the funding structure works. There is a disconnect between the people who distribute the funds and the providers and families that are served. The funders are siloed from the providers and parents to such an extent that they are not aware of or meeting their needs. A founder and provider at multiple child care centers in Durham County described the inequitable funding that exists across child care providers. She explained that within the current funding structure, successful providers are largely dependent on grants or some type of proposal process. Because most providers do not have the skill set to complete a proposal process, this leaves them at a disadvantage in being able to provide quality child care to families. *“Funding is not something that’s given across the board; generally, it is a grant or some type of proposal process that most providers don’t have the skill set to complete. It makes it difficult for providers to get into that funded space that they really need so they can bring the care to their families.”*

A community activist in northeastern North Carolina reinforced the idea that there is not an equitable distribution of resources to child care centers. Many child care centers are going out of business because they cannot afford to meet quality standards and attract and maintain quality teachers. She envisions a team composed of nonprofits and other organizations that would serve as a resource for child care providers. This network would provide training and services to help child care centers increase their quality and would invest in programs such as WAGE\$ so that programs can pay their teachers. She also sees the necessity of investing in getting the message out about the resources that are available to providers and families. She lamented that sometimes it seems that people seem unaware of what they do. *“Sometimes I feel like we’re just a brick building on the corner because it’s like people are clueless. They might get the message for a minute, then they go ‘oh yeah, you are there,’ or ‘oh yeah, I could have gone,’ or ‘oh yeah, I remember you told me to do that.’ So just helping people to remember that there is help.”*



She also discussed the importance of partnering with other organizations in the community, such as the public library (which provides extraordinary programs for families), nonprofit organizations, community colleges, and churches. She sees the need for a “change agent” who will organize the stakeholders to start the conversation. She also understands that she herself might have to be that agent.

Community partners express the need to reallocate existing resources to directly support children’s access to high-quality programs and services.

When asked about resources that potentially could be better utilized, the ED from the Smart Start Partnership in southeastern North Carolina said that she would like to see early childhood and public education given a higher priority. She wishes more money would be allocated to teacher recruitment, teacher salaries, and facility infrastructure. She wants children to come before profits. She described how the local university just built a new \$8 million building, while the public schools are using buildings built in the 1980s. One community partner mentioned Project Lift, which was supposed to result in a complete overhaul of the west-side school districts in Mecklenburg County. She described huge amounts of money being invested in developing plans, producing advertisements, and paying the salaries of those running the project, which ultimately did not help the community at all. She believes a large part of the problem was that the decisions were made *for* the community and not *with* the community.



The community activist in northeast North Carolina described money being disseminated for certain trainings, such as resilience training, but then there is no follow-up or reinforcement, which minimizes the effectiveness. She characterized this as a breakdown in the implementation chain. She is firm in her resolve that providing money without strong implementation practices and follow-up will not achieve results. *“We want to get these big piles of money and just think we can pay off people, and then you get nothing in return because the value is not felt, the passion is not felt, and it doesn’t feel like there’s a concern.”*



The community activist in northeastern North Carolina discussed the large amount of resources being invested in mental health consultants. She does not understand exactly what their role is, and she believes they are not offering direct services. She would much rather see more behavior specialists in the classrooms. The executive director of the Charlotte Bilingual Preschool reinforces the notion that resources alone are not enough; those resources need to be disseminated with intentionality. *“And it’s not just ‘give me money,’ but ‘give me quality programs that actually have been proven to work for children.’ So, more money doesn’t fix it if I don’t have programs on the other side... So, more money plus proven best practice [is what we need].”*

While COVID emergency funding has provided timely relief, community partners express grave concern about the lack of long-term funding for ECE.

Another consistently expressed theme was that COVID recovery resources have universally benefited all communities, and this has provided a natural experiment in observing the widespread benefits of additional funding. The ED from the Smart Start Partnership in southeastern North Carolina explained that all children who attended public schools automatically received access to Electronic Benefit Transfer (EBT) services, which is an electronic system that allows a Supplemental Nutrition Assistance Program (SNAP) participant to pay for food using SNAP benefits. She heralded this as an example of equitable distribution of resources. These COVID funds also allowed teacher pay to be increased—albeit temporarily—which helped prevent turnover that would have resulted in child care facility closures. Additionally, the American Rescue Plan (ARP) provided funding to nonprofits that allowed them to pay for many items with fewer restrictions and stipulations. In this particular community, funds were used to install a new roof on the partnership facility.

The COO of the Migrant Head Start also stressed the importance of the COVID relief funds. His organization used these funds to raise salaries for all employees, including teachers, bus drivers, cooks, and maintenance workers. While he vowed to maintain these higher salaries, the COVID funding will eventually cease to be available. Sustainability plans are few and far between because, while the money has been helpful, it did not increase the overall budget on a weekly or monthly basis. The ED of the Smart Start Partnership in southeastern North Carolina lamented that there is no identifiable solution at this point; they must find another way to sustain child care, but there is no plan of action in place. The provider in Durham County also explained that, while the stabilization grants have been incredibly helpful for the past three years, those funds are already dissipating, and her organization will soon have to grapple with losing the money altogether.



Addressing workforce equity in ECE is a priority for community partners.

Another pervasive theme was what community partners described as a “workforce crisis,” which is the lack of available quality early childhood educators. The child care provider in Durham County stated that she has never seen anything like the current crisis in her 29 years in the field. The most difficult hurdle is the ability to pay staff a livable wage, especially when giant employers such as Amazon and Target are offering entry-level pay that private child care centers cannot match. This provider was excited that there was a recent market rate increase for the first time ever. She lamented that there is virtually no other field in which workers do not get some type of increase on a yearly basis, let alone for decades. She commented that early childhood educators make sacrifices and study for years to obtain a degree in a field they are passionate about—only to be left with a salary that cannot sustain their families. Many of these workers require public assistance to survive. Because of the dearth of qualified early childhood educators, the former CCSA president is worried that there will be a push to lower quality standards. *“People are so concerned with getting bodies in the classroom that they forget that we are not talking about daycare; we are talking about educators.”* She believes that, at the very least, these educators should be on par with teachers in the public schools. And until the early childhood workforce is appreciated, there will continue to be arguments to lower standards. This educator believes that the opportunity for recognition came during the pandemic and “we blew it.” At a minimum, standards should be the same as Head Start standards, but it comes down to the money that is required to meet these standards.



When asked to identify the greatest barriers to finding and sustaining a quality early childhood workforce, the ED from the Smart Start Partnership in southeastern North Carolina identified a lack of education in the community. When there is a higher level of education, there is a greater understanding of the importance of quality care; a lack of understanding leads to a lack of demand for high-quality care. Another barrier to finding high-quality teachers is the difficulty some individuals have in earning the necessary credentials and degrees. The ED from the Smart Start Partnership described many hurdles, including testing and education requirements that are difficult to meet because of the historical lack of education in some communities. There is also the disproportionate amount of student debt held by many minority women, which impedes progress for populations that have always been at the bottom of the socioeconomic ladder. Many community partners noted the importance of programs to help teachers, such as T.E.A.C.H. The COO of Migrant Head Start explained that there are versions of T.E.A.C.H. that exist in all 10 states in which his program operates, and recently there has been additional funding for staff retention. The EI teacher mentioned new movements to provide support to teachers, such as the “Clear the List” initiative, where teachers post their classroom wish lists on Twitter or Amazon to crowdsource the basic school supplies they need.

The Migrant/Seasonal Head Start population faces even further difficulties in finding qualified teachers because, in addition to federal requirements, the staff is required to have additional credentials. For example, these teachers need to be bilingual and able to administer bilingual curricula. In addition, the temporary and seasonal nature of the positions makes it difficult to attract teachers. The needs correspond with harvest season and require long days to match the hours that parents spend harvesting crops.

Another sentiment that was explicitly and implicitly expressed by some partners is the difficult choice they and others in the early childhood workforce must make to stay in a community and try to help at potential cost to their own children's health and education. *"Nobody should have to make the heartbreaking choice between doing what's best for their community and what's best for their family."* There is a consensus that these should not be opposing choices.

Finally, there is the loss of child care staff to advancement. While this is beneficial to the individual, child care programs lose out to competition from programs with higher wages and benefits after investing time and resources in these educators. One director talked about how little they were paid to manage an independent child care center with 250 children. This individual chose to move to a school district to work with one classroom of 18 special-needs children because the position paid more, offered better benefits, and came with support from other teachers and service providers.



Community partners say there is a critical need to embed equity in the training and professional development of the workforce in ways that meet the needs of children and families.

Another prevalent theme was the need for intentional integration of equity into early educator workforce preparation and development. The EI teacher noted the necessity of equity training for teachers but also the lack of available training opportunities. She objected to the fact that although teachers are on the front lines working with children and there is rhetoric about the importance of hearing teachers' voices, training opportunities do not line up with teachers' schedules. *"There's nothing for me that I can actually take part in because I can't do an 11 o'clock Zoom meeting because I have 18 kids in my classroom at 11 o'clock, and there may or may not be several meltdowns happening."* The irony is that these teachers may not even recognize inequity in the classroom because inequity in training opportunities has prevented them from being educated about equity. *"People don't even realize that what they're doing isn't equitable because they haven't been educated on what equity looks like in the classroom."* This teacher recognizes the need for intentional coaching and training, and she struggles with knowing how to interact with families in some situations. For example, she needs to know how to bridge the language barrier when there is a sensitive issue to be discussed and, more importantly, how to listen to families from a place of help and support, not a place of judgment. This is something that must be coached because there is a general lack of awareness of the need. Teachers know that they are good teachers who love their students, but they need to be aware that there is more to equity than that. This teacher noted that there are policies and mandates in place, but teachers are not provided with the practical coaching on how to adhere to these policies and mandates; she suggested that perhaps other teachers are needed to come into the classroom, rather than just relying on policymakers and professors.

The importance of intentional cultural competence training was reaffirmed by the ED of the bilingual program, who stated that cultural competence must be taught from the perspective of proximity, ideally by immersion in the community or through working with a mentor for several years. However, there are cultural competency trainings that exist for specific communities. She gave the example of Latino Challenges, which is a race equity workshop with a focus on Latino culture. She described how the workshop illuminates cultural differences among Latino populations. For example, the importance placed on time may be different, depending on whether an individual is from an island culture versus a farming culture. Within an island culture, residents are surrounded by food sources, and time does not take on the urgency and importance that it does in a farming culture, in which timing is essential to ensure the population's subsistence. The former CCSA president agreed that coaching is an essential piece of the puzzle. She explained that historically the infant-toddler contract with the North Carolina Division of Child Development and Early Education (DCDEE) was centered on coaching in the classroom, which made a difference for those classrooms. She also stated that there needs to be support for professional development in the form of substitute pools so that teachers can leave the classroom to attend training.

Community partners believe in promoting holistic, strengths-based, and authentic collaboration and partnership with ECE providers and community members.

Community partners noted the general lack of support for a strengths-based, community-based perspective. A community advocate discussed her advocacy work to ensure equitable funding for marginalized grassroots organizations. She says that these organizations are on the ground doing the work and have the answers if anyone would just pay attention. She described the need for a complete restructuring of the way funds are distributed, along with the laborious requirements that accompany the current structure. To even begin the process of change, she said there must be acknowledgment that it needs to happen. *“Before we can think about changing the structure, we have to acknowledge that it needs to happen. We’ve been in too many spaces with too many funders that have never been asked to even consider this part of the conversation—who’ve never even thought about ‘Oh my gosh, what am I asking these organizations to do?’ or ‘Who’s not in the room?’”*

There needs to be an acknowledgement of the power structure and oppression of the existing funding process, including who is applying for funding and who is missing. This community advocate pleaded for us to *“consider more than just the authority over the experience of extending funding, but really consider the oppression.”*



Instead of the existing structure of “dangling the carrot” and expecting the applicants to come out of the woodwork, funders need to do a complete canvassing of current work being done in communities. After finding the programs that are working, funders need to ask what these organizations need to make the work easier—and how the funder can make it easier and more enticing to apply for the funds.

This community advocate described grassroots organizations that are not the typical players but need help building capacity. *“These grassroots organizations are the folks who are not the typical players in the room. They need help executing their work... They don’t need your ideas, because they’ve been doing it and doing it well—what they need is to be able to build capacity.”* She described members of the

community who spend all their time building programs for children and families that have transformed communities. They are intentional organizers who know their communities and hold meetings in the laundry room of their apartment complex because of a lack of funding. These organizations do not have the money to pay someone to look for funding opportunities and write grant proposals.

This advocate stated that the underlying problem is community distrust of the current system of funding. This distrust is twofold: 1) the perception that funders are coming in with a deficit lens telling the community they need to be fixed, and 2) a lack of trust in funders' motives to authentically help build capacity and not take credit for work the community has already been doing. *“There are kind of two things. You're coming in and telling me that there's something wrong with the way that we're doing things... And then the other thing is how do I know that you are truly here to build capacity with us to help grow this organization and not take what we've done and discredit us for delivering this work or building this model.”*

The community activist in northeastern North Carolina acknowledges the history of distrust from these marginalized groups, but she wants to preach to the community that they must participate in research so that decision makers know what the communities truly need, instead of what funders think they need. The trust must be built wholeheartedly with those who are asking the questions. She provided examples of individuals who leaned into the work by participating in programs such as Parents as Teachers and ended up eventually getting jobs with the agencies that were providing resources in the community.

In general, there were several comments about the distrust between marginalized populations (mainly Black/African Americans) and the predominantly White decision makers at the state and local levels (e.g., county commissioners, other provider agencies, state program administrators). There was the sense that providers who share racial/ethnic competencies and lived experiences might produce better child and family outcomes. Community partners stressed the importance of decision makers seeking continuous input from communities and providers in setting policy and making funding decisions. Even within local communities, one provider noted that it would take a year to build trust with other agencies before any actions could be taken; she wasn't sure it would be successful or worth her time. Another provider noted that while networking is important, it is also time consuming, leading her to make strategic decisions on how and when to involve her networks.

The child care provider in Durham County explained the need for town hall meetings, where decision makers come into communities and engage in dialogues about what the communities are grappling with on an ongoing basis and listen to what they need, instead of assuming they know what is needed. Decision makers need to incentivize families to attend these town halls by providing food, vouchers for gas, and child care. The decision makers need to hear the community talk about crime and violence and intergenerational mental health needs, including problem behaviors that result from this trauma. There is a need for neighborhood safe havens and afterschool programs for children where they can avoid gun violence and where parents who don't qualify for subsidy can leave their children in a safe environment.

Another theme that emerged is that while having family and community resources is a blessing, it can also be a curse. The ED of the Smart Start Partnership in southeastern North Carolina described the benefits of having a tight-knit community that will provide child care for parents who have no resources for center-based care. She explained that in one sense it is wonderful to have that kind of network to rely on, but at the same time, it allows the status



quo to remain in place in terms of providing quality early childhood education in these communities. The message she tries to convey to families is that, while it's great to have family members close by who are dependable, their children still need access to quality child care. If this message is not conveyed, the lack of quality care will remain an issue for these communities. The community partner advocate explained the double-edged sword of community resilience. Underserved, marginalized communities have historically been discriminated against in the current system and had to make do with less. While their resilience is admirable, it also allows the current system to maintain the status quo and deny resources to these communities. She expressed her frustration: *"It's almost like a double-edged sword—figuring out how to thrive and how to continue to do good work, regardless of what folks are doing and saying around them... We have had no other choice because of our children and families but to figure out how to make it work, how to block out the white noise... and continue to do the work as long as we see our children, our families thriving."* Therefore, if it appears a community is thriving, decision makers may assume that community does not need resources. *"Oh. They're resilient. They've got it. You don't need help.' Right. And because you've never been down here to actually see why it appears that they don't need help or [if] they choose not to jump through 13 rounds of red [tape] ... to get the resources."*

Community partners say it is critical to engage with families to comprehensively meet the needs of children, including dual-language learners.

Many community partners identified building relationships with families as crucial to children’s success but noted that providers are not paid or given sufficient time to provide the intensive communication needed to build those relationships. In addition, working with parents is a skill that not all providers currently have, although it is worth pursuing. Despite lack of time and compensation, some providers intentionally engage with families anyway because it is so important. For example, there is a Migrant Head Start program and a DLL program that do not have designated paid positions for family engagement, but they have staff who engage in family support functions within existing budgets.

The executive director of the Charlotte Bilingual Preschool noted that equitable funding will not be effective unless it is paired with quality programming, quality teachers, and cultural competence. The funding needs to be targeted to meet the specific needs of the communities. She described a two-generation approach, which is building family well-being by intentionally and simultaneously working with children together with the adults in their lives. *“If I were to redesign the system altogether, I would start by saying, ‘How do we regain families’ trust?’ And the way that you regain families’ trust is by giving them a voice and to follow up in whatever they ask. I think that’s how we have built the strong family commitment.”* She found that what works for families in her community is designing the best approaches with them, figuring out their preferences and priorities to determine best practices for dual-language learners. After implementation, she is adamant about intensive evaluation; data must support the notion that what they are doing is working for the children. She reasoned that we know African American, DLL, and other economically marginalized groups are lagging behind in the current system. Therefore, we should perform intentional research to identify the outliers in these groups who are thriving and then use targeted funding to build capacity from there.

The foundation on which any of this is possible is building trust with families and within the community. The bilingual preschool builds a social network map that identifies which families are bonding and which are socially isolated. Once the isolated families are identified, providers make targeted efforts to get those families more engaged in the community. The importance of cultural competence training in this process cannot be taken for granted. The preschool director described an example of a child center that wanted to start a DLL program and proceeded to set up an orientation for families that was conducted only in English.



Community partners say it must be a priority to address equity in early intervention and special education access, identification, and inclusion.

Community partners, especially child care providers, expressed frustration with the current climate that does not provide necessary resources to children, especially given that many young children who may have special needs are not being assessed and identified until they enter the school system. A child care provider emphasized that it is time to recognize that special education must include early intervention, and it is the responsibility of the ECE system to provide that intervention. However, even with early assessment and diagnosis, there are not adequate resources to meet the current need, including appropriate referral agencies that provide early intervention services, such as developmental day care programs. This child care provider noted that the lack of proper diagnosis and intervention likely results in increased challenging behaviors in the classroom. The need is so great that behavior specialists are no longer adequate as an external resource; behavior specialists are needed in the classroom. Teachers are not equipped with the skills necessary to meet the need, and this gap disrupts the whole system.

This child care provider also noted racial disparities in assessment and identification, which she attributed largely to the lack of parent education as to how to advocate for their children. She described parents



focused on everyday needs rather than dealing with the early intervention system: *“The lack of parent education and the lack of teaching them how to advocate for their children—they’re trying to make it, they’re trying to keep gas in their car, they’re trying to navigate their own trauma, they’re living in violence. They’re living in dysfunctional families—nobody has ever done it before. There are no models.”*

Community partners agree that family child care homes are an important ECE option for families, but these providers are unable to access adequate resources.

Family child care homes were mentioned in several of the conversations as an important resource in communities, but these providers are not getting adequate respect or funding support. One of the community partners noted that family child care homes are a culturally relevant choice for many families in marginalized communities. Mecklenburg County has attempted to organize family child care homes across the county into five networks that share resources and ideas. The National Association of Family Child Care (NAFCC) is working to pull those networks together under one umbrella. The community activist in northeastern North Carolina described the difficulty of maintaining quality family child care homes because they have trouble finding and maintaining staff and do not have reliable resources when something breaks or if they need a substitute. The former CCSA president stated that the Department of Commerce does not provide funding to family child care homes, although it should because these are small businesses. There should be money available to help these small businesses renovate a room in the house, add an additional toilet, or make other improvements that would allow them to maintain high quality and stay in business.

Community partners say there is a need to address barriers such as transportation and housing to meet children's needs.

The community partners discussed additional barriers that particularly affect their communities. In the migrant population, there is a heavy reliance on transportation services, which requires additional bus drivers to accommodate distances of up to 30 miles to meet this population's needs. A child care provider explained how she supplements transportation for her families as a way of giving back to the community. She bought buses years ago and hires qualified family members and friends as drivers. While her sacrifices are admirable, most child care facilities are not able to do this. The community activist in northeastern North Carolina agreed that transportation is an important issue, especially for the struggling child care centers that are on the outskirts of the metro area. These are the centers that families would need the most help to get to, but they are the centers that receive the fewest resources. Another barrier that was discussed is the rising homeless population. The former CCSA president worked tirelessly to have homelessness put on the CCR&R agenda, stressing that homelessness is going to become an even bigger problem in the wake of the COVID-19 pandemic.



Community partners are concerned that investment during the early years is not sustained when children enter public school.

There was a discussion about the investment in early child care dissipating after children enter the K-12 public school system. While Migrant Head Start works tirelessly to meet target goals for school readiness, children then enter an inequitable public school system that undoes the good work done in early childhood. *“The big inequity, in my view, with the public education system is that it was built and created for a specific population, and everyone else that doesn’t fit that mold is being forced to fit in that round hole, and you have rough edges.”* Another issue is the transition of EI services during the transition into kindergarten. The community activist in northeastern North Carolina is concerned that three- and four-year-old children receiving early intervention services are not getting the services they need when they transition to kindergarten. She described it as “losing the special needs label.” She said that these children are being missed for two reasons: 1) schools don’t want children with those labels because they do not have the funding to meet the need and 2) parents are being misinformed as to what their children need and how to advocate for them. The ED from the bilingual center noted her concern about what happens when children leave the program and enter a non-bilingual public school setting. The fear is that public schools are structured to see children with a DLL label as having a deficit instead of having the advantage of speaking two languages. In this scenario, the use of Spanish can be slowly extinguished; even worse, Spanish-speaking children become ashamed of that part of their identity and their families.

Community partners appreciate the progress made regarding the professionalization and support provided to ECE and want to use that momentum to meet the needs of children and families.

Despite these significant obstacles, the community partners remain optimistic about the future and continue to work tirelessly to help their communities. The ED from the Smart Start Partnership in southeastern North Carolina noted how far early childhood has come in the 14 years she’s been in the field. When she started, most elected officials never mentioned early childhood at the local, state, or federal levels; now it’s on everyone’s agenda. Another community partner lauded the many providers who are doing great work every day that goes unnoticed. She noted that there is a need to show appreciation for this work.

The migrant Head Start COO noted that, while his organization offers expanded services to the migrant population such as longer days and robust transportation options, these practices can be scaled up to benefit any community. He would like to see marginalized communities united instead of divided. He stated that if communities concentrate on “out-marginalizing” each other in terms of who deserves more resources, they are playing into how the system has historically been designed to maintain the status quo. The ED of the bilingual center plans to develop a new Early Learning Center that will accommodate up to 1500 families over the next three years. She is focused on restructuring the organization to serve more families while not falling victim to the large-system tendency to cater to the mean. She wants to make sure that families’ needs continue to be met.

SUMMARY AND CONCLUSIONS

The goal of the NC Equity Analyses Project is to advance equity to ensure racially and ethnically minoritized children and children living in poverty are accessing high-quality early childhood education (ECE) programs and services. As part of this work, key steps were taken to assess community conditions in providing childhood opportunities, examine whether racial disparities exist in access to ECE programs and services, and uncover how inequities are being felt through reflections from ECE providers, educators, and leaders. The project conclusions are summarized below.

ECE programs and services exist in all North Carolina communities, but they are unevenly distributed, especially in communities with limited resources.

We recognize that ECE is a complex and generally underfunded system in North Carolina. The state's ECE leaders should be commended for ensuring that high-quality programs exist and for their efforts to increase access by making high-quality care affordable (e.g., child care subsidy distribution, Head Start) across the state. However, there is a consistent pattern in which certain communities—particularly those that have low Child Opportunity Index (COI) scores, especially in the northeast part of the state—are less likely to have high-quality programs. Furthermore, there are also inequities within counties that have fewer high-quality programs, especially family child care homes. These community-level inequities have reverberating impacts on the retention of the ECE workforce, access to early intervention services, and provision of services to dual-language learners.



Black-majority communities are more likely to be rated as low childhood opportunity zones, with Black children underrepresented in ECE programs, compounding inequities.¹¹

Given the historical legacy and current state of disinvestment and underinvestment in Black-majority communities, it is unsurprising that these communities are rated low on the COI. While Head Start and Early Head Start are more likely to serve Black children (and other children of color), these children are still woefully underrepresented in high-quality ECE programs, such as NC Pre-K. For instance, community partners in our study noted that Black children and other children of color are less likely to be identified as needing early intervention and receiving the necessary services.

Meeting the needs of children farthest from opportunity requires paying attention to multiple indicators and ensuring there is comprehensive, quality data at multiple levels.

The main factor often used for children to access ECE services such as child care subsidy is household income. Findings from this project note the need to examine metrics at multiple levels within the community context, such as available housing and mental health services; ECE program resources, such as providing transportation and culturally and linguistically qualified ECE professionals (e.g., bilingual



educators); and family resources, such as affordable housing and economic stability. Thus, in addition to ensuring the use of comprehensive high-quality data (e.g., complete race and ethnicity of children, families, and workforce linked to ECE programs and community context), there is a need to ensure this data is examined continuously and holistically through critical analyses on prioritizing distribution of resources to address historical and contemporary inequities.

¹¹ Coupled with few Hispanic-majority communities and minimal data on ethnicity, there is limited information available on other minoritized populations.

Building trust and authentic partnerships with ECE providers, community leaders, and families—especially communities of color—should be a priority of state ECE leaders and administrators.

Community partners emphasize the need to build trust with communities that have been historically marginalized and made invisible. Higher levels of trust will provide the foundation to effectively address inequities and to strengthen ECE and ensure equitable access, experiences, and outcomes. These partnerships should include building processes and communication channels to hear from members of these communities, as well as ensuring that families have the skills to advocate for their children and communities even while dealing with daily economic, social, and psychological stressors.

The COVID-19 stabilization grants were timely and beneficial, but ECE providers who serve large numbers of children of color, dual-language learners, and children living in poverty are teetering on the edge of potential closure.

ECE providers benefited from the timely provision of stabilization funds. However, these providers emphasize the need for community-rooted, long-term, comprehensive funding to provide the needed services for families and children. Given the economic instability experienced by many families of color and those currently living in poverty—coupled with the social challenges of being part of a marginalized community—programs must offer robust services to address needs related to mental health, trauma-informed care, transportation, workforce recruitment and retention, and professional development and training. Thus, prioritizing communities serving children from low-income and isolated households is critical.

Community partners stressed the importance of ensuring that investments made in early childhood are sustained in the transition to K-12 and beyond.

The ECE community has recognized progress in being recognized as part of the critical infrastructure for supporting families' ability to work and supporting children's healthy development. However, there is a concern that these early investments are not maintained through the transition to public school, especially when many children of color, dual-language learners, and children growing up in poverty are likely to matriculate in low-resource schools. These transitional challenges between ECE and K-12 may offset the benefits of ECE, as children's ability to consolidate information is reduced and their academic progress is put at risk.

RECOMMENDATIONS

This set of recommendations is based on the general conclusions that emerged from the COI mapping, disproportionality analyses, and interviews with community partners.

1. Prioritize and target those populations and communities farthest from opportunity.

- **Racially and ethnically minoritized populations, especially Black, Indigenous, and Latine children.**

Although race is a social construct with no biological basis, it is ever-present and real when it concerns children’s access, experiences, and outcomes. While some ECE programs serve many Black children, there is a consistent pattern that Black-



majority communities and Black children are less likely to access ECE programs and services, considering their likelihood of living in poverty and experiencing persistent and continuous trauma throughout the life course. The lack of data on race and ethnicity limits our ability to ensure that Native children, on and off reservations, who are also likely to live in poverty, are accessing high-quality programs and services. Due to the lack of data on Latine and Asian populations, we are limited in our discussion of these groups. However, available data points to disparities in access to ECE programs and services for Latine communities as well as a portion of the Asian American and Pacific Islander communities, and it is critical that these groups and communities are also prioritized and targeted with needed programs and supports.

- **Infants and toddlers (age 0–2).** While most ECE programs seek to serve children from birth to age 5, programs targeting infants and toddlers are still limited. It is clear that programs that serve 4-year-olds, such as Head Start and NC Pre-K, are available in many North Carolina counties, but without disaggregation of data by child age, we do not know if the ECE system is meeting the programmatic needs of our youngest children (i.e., infants and toddlers). In a survey from the National Association for the Education of Young Children (NAEYC) of the early childhood education field, 62% of programs serving infants and toddlers were experiencing a staffing shortage. Of those, 42% are dealing with longer waitlists as a result. According to the survey, less than a quarter of programs serving infants and toddlers “will be fine” when stabilization grants end.
- **Communities of concentrated poverty and pockets of poverty.** It is critical to focus on concentrated pockets of poverty in both urban and rural locations by utilizing the nuanced data we described in this study. Utilizing the COI 2.0, we demonstrated the ability to specifically target ECE needs and gaps in care, and we utilized the qualitative work to develop a more nuanced understanding

of existing grassroots programs and processes that are meeting the needs of specific populations but need to build capacity. Research notes that the environment in which children live, learn, and play greatly influences their health. Below is a summary of the data on racial disparities from the [North Carolina Child Health Report Card 2023](#) (NC Child and North Carolina Institute of Medicine):

Children Living in Neighborhoods with Concentrated Poverty

- 8% of North Carolina’s children live in high-poverty neighborhoods
- 16% of African American/Black children live in high-poverty neighborhoods, which is double the state average
- 12% of Hispanic/Latine children live in high-poverty neighborhoods
- 26% of American Indian children live in high-poverty neighborhoods, which is more than three times the state average
- Significantly fewer Asian (4%) and White (3%) children live in high-poverty neighborhoods
- **Unhoused children and children experiencing homelessness.** Given the importance of a stable home for children’s psychological, social, and cognitive development, addressing housing insecurity, along with food and economic insecurity, is necessary to support children in their early years. The ECE environment could be a potential buffer to the challenges experienced by unhoused children or children experiencing housing insecurity. In its report [Homelessness Among Infants, Toddlers, Preschool and School-Age Children](#), Child Care Services Association (CCSA), using data provided by the North Carolina Coalition to End Homelessness (NCCEH), found the following: In Orange County, more than two-thirds (65%) of homeless children under age 6 were Black/African American/African, despite representing only 10% of Orange County’s population of young children. In Durham County, 76% percent of homeless children ages birth to 5 were Black/African American/African while making up only 27% of Durham County’s birth to 5 population. In 76 mostly rural counties, 65% of homeless children ages birth to 5 were Black/African American/African while making up only 17% of the birth-to-5 population in those counties.
- **Dual-language learners.** DLLs are diverse in their racial and ethnic makeup, English language proficiency, country of origin, socioeconomic status, and many other ways. Research indicates the importance of supporting the home language of DLLs while supporting their acquisition of the English language. However, this is made more challenging because of the limited resources to hire and retain bilingual educators, ensure curricula and assessments are culturally and linguistically responsive, and ensure that the language needs of children and families are adequately met to ensure they are authentically integrated into all programming. Research shows language mismatch between children and teachers results in inequitable classroom experiences for DLLs, such as DLLs being less likely to be engaged and spoken to.¹²
- **Children with disabilities.** Children who have disabilities warrant significant attention. It is impossible to know how many children need early intervention (EI) services and yet are undiagnosed, but the most recent NAEYC survey finds that children with disabilities make up 6% of the population, while

¹² Figueras-Daniel, Alexandra, Li, Zijia (2021), *Evidence of support for dual language learners in a study of bilingual staffing patterns using the Classroom Assessment of Supports for Emergent Bilingual Acquisition (CASEBA)*, [Early Childhood Research Quarterly](#) 54 271–285

the number of children birth to age 3 receiving EI services in North Carolina is under 4%. There is considerable evidence that children with disabilities are not being diagnosed early enough, and, even if they are, they often lose their diagnoses in the transition to K–12. While the analysis in this report is not robust enough to examine whether there are racial and economic disparities in access to EI, given the continued racial disparities in access to ECE programs and services, it is important to ensure there are no racial disparities in the identification, categorization, and receipt of services for children who qualify, as noted in many studies¹³. There is also considerable concern that despite the lack of findings in the current analysis, there is racial disparity in EI services that is being masked by the unit of analysis.

2. Move beyond compliance to focus on quality improvement efforts.

Reorganizing and developing data governance is inextricably related to examining equity beyond access. As discussed earlier, this report has focused on equity in access to programs rated as quality or those with learning standards, but we do not have the data to assess whether there is equity in the experiences of children in quality care and the extent to which these experiences result in a reduction in disparities in outcomes. Accessing that information would require restructuring how quality is measured and the equitable allocation of technical assistance (TA), coaching, training, and other quality improvement support. An equitable system would allocate greater resources to those with the greatest need and maintain a laser focus on a system for accountability and continuous quality improvement that is aligned with closing disparities in outcomes.

While racial and ethnic data is not available by quality star ratings, the data is available by center and family child care homes, which indicates a disparity between the two types of care in terms of quality ratings. Data shown in Table 5 is from the 2022 report *Early Care and Education Programs in North Carolina* (from the CCSA Data Repository downloaded 3/2/23). It indicates that 69% of centers and 52% of family child care homes are 4–5 stars; 16% of centers and 36% of homes are 2–3 stars. This type of data might be useful when discussing the validity of QRIS ratings and targeting quality improvement for those providers most in need. However, to be most beneficial, we would need accurate data on the racial/ethnic and economic composition by program type and star rating. National data would suggest that many Black children are likely to be in the lowest-rated programs, regardless of setting.



¹³ Carr, Sarah (2023) “Black and Latino infants and toddlers often miss out on early therapies they need: Early intervention services provided by states have wide gaps in access and quality,” *The Hechinger Report*.

Table 5. Distribution of Star Ratings by Program Type

	Centers		Homes	
	Number	Percentage	Number	Percentage
5 Star	2,051	47%	164	13%
4 Star	944	22%	505	40%
3 Star	715	16%	360	29%
2 Star	16	0%	85	7%
1 Star	109	3%	103	8%
Other	511	12%	42	3%
Total	4,346	100%	1,259	100%

Note: This data is from Child Care Services Association, Data Repository (2022).

3. Focus on family child care homes as part of a robust mixed-delivery system.

National and local data continue to show the decline of family child care (FCC) providers. A state-by-state analysis conducted by Child Trends showed a decline of home-based child care (HBCC) providers by state from 2010 to 2019. The decline in HBCC providers is deeply concerning because it indicates a decrease in availability of affordable child care options for families. This trend further disadvantages those who have been historically underserved in the ECE system. According to the latest NAEYC survey, FCC programs serve a disproportionate share of infants and toddlers; children from low-income families; Black, Latine, immigrant, and Indigenous households; children with disabilities; and those who live in child care deserts. Without adequate support and resources for HBCC providers, families will continue to face challenges in accessing high-quality child care that meets their unique needs. Research on home-based child care has proven to be important in studying the ECE equity landscape. National estimates and research indicate that a significant number of children are being cared for in home-based settings. Various initiatives are being piloted to support FCC providers, such as creating family child care networks or incorporating Pre-K into FCC. These efforts must be evaluated, expanded, and sustained to achieve equity for children, families, educators, and communities.¹⁴ Intentionally (re)designing ECE programs and systems to be more inclusive, equitable, and just can pave the way for transformative change across the ECE sector, resulting in enhanced outcomes for young children and families.

¹⁴ In this document, Erikson Institute offers a set of guiding principles and a parallel conceptual framework for including family child-care in mixed-delivery Pre-K systems (A Transformative Vision for the Authentic Inclusion of Family Child Care in Mixed-Delivery PreK Systems Erikson Institute, Equity Research Action Coalition, and DE Institute for Excellence in Early Childhood, August 2022)

4. Prioritize the early childhood workforce by addressing poverty-level wages.

Advancing equity in ECE requires addressing equitable pay for the workforce. In 2021, child care workers in North Carolina received a median hourly wage of \$11.23. Many providers are reporting struggles in finding qualified staff to meet demand, leading to legislative efforts to provide flexibility around workforce qualifications or, at a minimum, freeze current standards. At the same time, many community college administrators have said they feel conflicted about offering a program that sends graduates into a low-wage field.¹⁵ According to the most recent NAEYC survey, low wages disproportionately impact women of color: 45% of early childhood educators are Black, Asian, or Latine.¹⁶



5. Address data governance and the lack of data for equity analyses.

Use of the COI 2.0 and the Disproportionality Analysis revealed the importance of focusing on the level of measurement when making decisions about community need and dissemination of resources. Because of data limitations, we often look at arbitrary markers that are not specific enough, such as the county level. An example of a geographic issue with data is the Early Intervention program and its regional level of analysis (CDSAs), which does not provide micro-level information. There is a need for more comprehensive data to simultaneously identify communities and households farthest from opportunity by conducting racial equity analyses that require attention to child, family, and community race, ethnicity, income, language, and adversity, as well as intersectional identities coupled with geographical markers to better target resources.

¹⁵ Bell, Liz, (April 3, 2023) *Early care and education 'not considered a profession,' community college faculty say*, EdNC. <https://www.ednc.org/2023-04-03-early-care-education-wages-standards-respect-nc-community-college-faculty/>

¹⁶ Mueller, E. (2020, July 22). 'Crashing down': How the child care crisis is magnifying racial disparities. Politico. <https://www.politico.com/news/2020/07/22/coronavirus-child-care-racial-disparities-377058>



While researching available data for this report, it became clear that racial and ethnic group data is either not available or would require substantial effort to obtain. In particular, the lack of a standard set of data on race, ethnicity, dual-language learners (DLL), disability, homelessness, income categories, and gender makes it difficult to analyze disparities in many ECE programs. For example, in a national study, the National Institute for Early Education Research (NIEER) found that the rate of Pre-K enrollment declined as income levels declined. This indicates the need to distinguish between income levels within programs and not rely on income eligibility alone to identify underserved children.

The exception to the lack of availability of disaggregated data is the federally funded Head Start and Early Head Start program, which requires grantees to provide data on these variables. That data is made available to anyone who requests access.

Thus, there is a need for coordinated working groups to standardize ECE data collection policies and procedures and to ensure easy access to and integration of that data. One such example is [ECDataWorks](#), which was created to help states achieve their practice and policy goals through innovative use of integrated early childhood data. With the help of federal, state, and private funding, many states (including North Carolina) have launched efforts to develop early childhood information and reporting systems that integrate data from a variety of sources. These integrated data systems have the potential to support better-informed decisions about early childhood education and policy by making more information available about the use, quality, and outcomes of early childhood programming than ever before.

Measuring Access to Child Care and Early Education

Child care and early education (CCEE) access is multi-dimensional and best understood from the perspective of families. The four dimensions of CCEE access are 1) reasonable effort to find care, 2) affordability of care, 3) care that supports the child's development, and 4) care that meets parents' needs.

Applying a multi-dimensional definition of access to the analysis and interpretation of CCEE data can provide a more holistic picture of families' needs, preferences, and constraints in accessing CCEE for their children. Local, state, and federal CCEE datasets may be used, either singly or in combination, to examine and track progress toward improving equitable access to CCEE.

Measuring access is a complex task, especially when using a multi-dimensional definition of access. Understanding access may require selecting and using local, state, and federal data that address various dimensions of access. The types of information collected, the frequency of collection, and agency rules for using CCEE data may vary widely by agency or locality. These differences may complicate the ability to use data from multiple sources.

Before engaging in analyses like these, CCEE leaders and partners should carefully review the data sources they plan to use, including ensuring that the data variables from different datasets are defined similarly (e.g., infants are defined as children under 12 months) and determining whether the data are appropriate for answering their key research questions. That is, multiple pieces of data, when used together, can help CCEE leaders develop a more accurate picture of families' access to the care they need, want, and can use for their children.”

Gebhart, T & Paschall, K. (2023). *Analyzing access with child care and early education data*. OPRE Report #2023-040. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

6. A multidimensional approach is required to adequately measure access to child care and early education.

While many programs and policies in ECE seek to prioritize children living in poverty, there is a need for more nuanced analyses about more comprehensive markers of inequities. For example, our data notes that Black children are likely to live in poverty *and* their communities are likely to be low-opportunity zones, which compounds the adverse effects. Not all children in poor households are experiencing the same adversities at the community level. To use another example, immigrant children in homes that speak a language other than English are likely to live in poverty and less likely to access resources compared to children in English-speaking households. However, our programs and policies treat poverty at the child level—not at the community level—and fail to consider other intersectional identities related to language, disability, or community adversity. To address equity, there is a need to ensure that all children and families have access to resources, while especially addressing those with layered inequities at multiple levels. Providing children living in poverty with the same access to resources—with limited attention to environmental and intergenerational stressors and trauma—will not ultimately advance equity.

APPENDICES

Appendix A

14 Priorities to Dismantle Systemic Racism in Early Care and Education

Priority	Action
Disseminate public funds equitably.	<ul style="list-style-type: none"> • Consider historical and current marginalization and disparities in access to resources, experiences, and outcomes when allocating ECE resources, including child-care contracts, technical assistance, coaching, and professional development. • Use tiered quality rating and improvement systems to provide larger reimbursement to programs serving historically marginalized communities and children and ensure livable wages for providers of color and those serving in these communities. • Use Child Care and Development Fund quality funding to develop or expand efforts to support child care providers serving historically marginalized communities to enter rating systems.
Move toward holistic, strengths-based, and authentic integration.	<ul style="list-style-type: none"> • Develop plans to increase holistic, strengths-based, and authentic integration guided by community needs assessments. • Collect and analyze data to inform the plan, including child demographics of enrollment by classroom and program, workforce and leadership diversity, and factors associated with culturally affirming and responsive pedagogy.
Embed equity in monitoring and accountability systems.	<ul style="list-style-type: none"> • Ensure all federal ECE monitoring and accountability systems, including Head Start, child care, IDEA Parts C and B 619, BIE ECE programs, and Preschool Development Grants, explicitly include equity indicators. • Ensure that these monitoring indicators inform accountability and renewals or continuations of funding.

<p>Address workforce equity.</p>	<ul style="list-style-type: none"> • Increase the value of child care subsidies to increase fairness in compensation, including pay and benefits, for child care providers. • Track and develop plans to address racial disparities in compensation. • Use tiered quality rating and improvement systems to provide greater compensation to bilingual ECE professionals and those serving historically marginalized communities
<p>Embed equity in workforce preparation and development.</p>	<ul style="list-style-type: none"> • Ensure racial equity training content or coursework is required as part of child care, teacher, and administrator professional credentialing and licensing systems, and ongoing continuing education requirements. • Expand the racial literacy of all coaches in the professional development system. All quality coaches, including pyramid model coaches, inclusion coaches, mental health consultants, and others, that operate in states should be knowledgeable about the history of race and systemic racism and how it manifests in learning settings, equipped to explicitly address disparity and bias, and provide coaching with an equity lens that builds on child and family strengths.
<p>Explicitly include equity in the definition of quality and across rating systems.</p>	<ul style="list-style-type: none"> • Ensure QRIS and similar quality initiatives include equity indicators at every level and provide targeted funding to support programs in meeting such indicators, especially programs serving historically marginalized communities and programs that have historically had less access to systemic resources, including family child care and other home-based providers. • Use flexible federal funds intended to increase the quality of services to implement targeted state/tribal technical assistance, workforce development, and new policies to support more equitable systems.

<p>Ensure high-quality curriculum and pedagogy are accessible and culturally responsive.</p>	<ul style="list-style-type: none"> • Include equitable access to learning approaches that are developmentally appropriate, child-centered, and play-based QRIS. • Provide targeted funding and technical assistance to expand access to these approaches in Pre-K and child care, prioritizing historically marginalized communities. • Inventory schools and ECE programs currently using successful pedagogical approaches and curricula that result in closing opportunity gaps and disparities. Lift these examples up as models for other schools and programs to visit and learn from.
<p>Ensure global classroom quality measurement explicitly assesses equitable experiences.</p>	<ul style="list-style-type: none"> • Ensure that equity measurement at the program or classroom level is explicitly incorporated into any state or tribe funding or monitoring related to global classroom quality measurement via QRIS systems or otherwise.
<p>Eliminate harsh discipline.</p>	<ul style="list-style-type: none"> • Prohibit harsh discipline, including seclusion, corporal punishment, and exclusionary discipline, in all ECE programs that receive public funding. • Collect disaggregated data on the use of harsh discipline and support local communities on using discipline data systems, with an emphasis on disaggregating data to identify discipline decisions that are most vulnerable to implicit racial biases. • Prioritize state/tribal funds for the use of interventions and personnel that positively and equitably support children's social and emotional development and wellbeing in ECE programs, including child care and Pre-K.
<p>Address equity in early intervention and special education access, identification, and inclusion.</p>	<ul style="list-style-type: none"> • Identify segregated preschool special education programs and invest in meaningful structural reforms to expand high-quality inclusion, including working with local communities and districts to adjust budgets and staffing structures. • Track and address racial, income, disability, and language background disparities in access to services, identification, inclusive placements, discipline, and high-quality supports and accommodations for young children with disabilities. Use data to deploy technical assistance and support to districts/communities with the largest disparities.
<p>Implement a data-driven continuous equity quality improvement cycle.</p>	<ul style="list-style-type: none"> • Invest in coordinated ECE data systems and ensure that they are used to track access, experience, and outcome disparities; feed information back to ECE programs and districts; and use information to target resources to remedy inequities.

<p>Expand family leadership and engagement efforts.</p>	<ul style="list-style-type: none"> • Ensure all state/tribal needs assessments across ECE systems include data about the strengths, needs, and social capital of families, as well as inclusion of family participation, voice, and reciprocity. • Implement a hub model for child care systems, including family child care and family friend and neighbor care, where providers can jointly invest in family engagement coordinators. • Ensure meaningful family engagement indicators are included in state standards and quality rating systems across levels.
<p>Center family child care.</p>	<ul style="list-style-type: none"> • Ensure family child care and other ECE home-based providers are included in needs assessments, workforce development, and technical assistance efforts, and receive equitable support to access and move up QRIS. • Use child care quality funding to develop and grow family child care networks where providers can access shared professional development opportunities, including on anti-bias and anti-racism programming, dual language immersion models, curriculum and assessment, social-emotional development, and family engagement through an equity lens. • Prioritize building family child care supply and networks in child care deserts.
<p>Equitably expand access to dual-language immersion approaches for DLLs.</p>	<ul style="list-style-type: none"> • Adopt Head Start DLL standards in state-funded Pre-K and incorporate standards into monitoring and accountability frameworks. • Invest in producing the workforce necessary to support DLLs, including by creating nontraditional pathways to becoming a lead bilingual teacher and improving existing teacher preparation pathways in higher education to reflect research on dual-language learning.

Appendix B

Summary Table of COI and ECE in North Carolina

County	COI Average (Higher Scores = Greater Opportunity)	Head Start Enrollment	Head Start % Population	NCPK/ Title 1 Enrollment	NCPK/ Title 1 % Population	Subsidy Recipients Count	Subsidy% Population
Alamance	Moderate	244	<25%	714	51-75%	1,043	<25%
Alexander	Moderate	129	25-50%	196	>75%	157	<25%
Alleghany	Low	51	<25%	143	>75%	50	<25%
Anson	Very low	149	<25%	152	>75%	206	26-50%
Ashe	Moderate	68	<25%	175	>75%	137	26-50%
Avery	Low	139	25-50%	188	>75%	57	<25%
Beaufort	Low	-	25-50%	287	>75%	504	26-50%
Bertie	Very low	89	25-50%	228	>75%	115	26-50%
Bladen	Very low	53	<25%	370	>75%	229	26-50%
Brunswick	Moderate	128	<25%	307	51-75%	609	<25%
Buncombe	Moderate	666	<25%	575	51-75%	1,148	<25%
Burke	Low	104	<25%	859	>75%	525	<25%
Cabarrus	Moderate	185	<25%	528	51-75%	643	<25%
Caldwell	Moderate	62	<25%	523	>75%	480	<25%
Camden	Moderate	10	<25%	62	>75%	16	<25%
Carteret	Moderate	128	<25%	366	>75%	196	<25%
Caswell	Low	40	<25%	122	>75%	92	<25%
Catawba	Moderate	181	<25%	721	>75%	750	<25%
Chatham	High	71	<25%	351	>75%	256	<25%
Cherokee	Moderate	144	<25%	269	>75%	165	26-50%
Chowan	Low	76	<25%	221	>75%	81	<25%
Clay	Moderate	-	<25%	125	>75%	67	26-50%
Cleveland	Low	108	<25%	1,023	>75%	439	<25%
Columbus	Very low	134	<25%	601	>75%	337	<25%
Craven	Low	415	<25%	521	>75%	557	<25%
Cumberland	Low	826	<25%	2,581	>75%	2,291	<25%
Currituck	Moderate	30	<25%	102	>75%	38	<25%
Dare	High	113	<25%	276	>75%	114	<25%
Davidson	Moderate	183	<25%	642	51-75%	688	<25%
Davie	Moderate	84	<25%	260	>75%	134	<25%
Duplin	Low	165	<25%	633	>75%	409	<25%

County	COI Average (Higher Scores = Greater Opportunity)	Head Start Enrollment	Head Start % Population	NCPK/ Title 1 Enrollment	NCPK/ Title 1 % Population	Subsidy Recipients Count	Subsidy% Population
Durham	Moderate	395	<25%	1,070	51-75%	1,902	<25%
Edgecombe	Very low	184	<25%	449	>75%	399	<25%
Forsyth	Moderate	499	<25%	1,401	51-75%	1,706	<25%
Franklin	Low	117	<25%	264	51-75%	394	<25%
Gaston	Moderate	341	<25%	1,219	>75%	1,016	<25%
Gates	Low	9	25-50%	77	>75%	24	<25%
Graham	Low	-	<25%	89	>75%	44	<25%
Granville	Low	94	<25%	328	>75%	242	<25%
Greene	Low	68	<25%	75	51-75%	193	26-50%
Guilford	Moderate	1,167	<25%	3,189	>75%	3,067	<25%
Halifax	Very low	348	<25%	523	>75%	337	<25%
Harnett	Low	263	<25%	613	51-75%	521	<25%
Haywood	Moderate	143	<25%	259	>75%	435	26-50%
Henderson	High	123	<25%	350	>75%	438	<25%
Hertford	Very low	138	<25%	234	>75%	280	26-50%
Hoke	Very low	118	<25%	615	>75%	382	<25%
Hyde	Very low	29	<25%	45	>75%	9	<25%
Iredell	Moderate	105	<25%	542	51-75%	650	<25%
Jackson	Moderate	68	<25%	86	51-75%	194	<25%
Johnston	Moderate	363	<25%	651	51-75%	1,028	<25%
Jones	Low	54	<25%	139	>75%	68	<25%
Lee	Low	110	<25%	346	>75%	351	<25%
Lenoir	Low	243	<25%	275	51-75%	347	<25%
Lincoln	Moderate	90	<25%	455	>75%	269	<25%
Macon	Moderate	301	>75%	183	>75%	52	<25%
Madison	Moderate	42	<25%	48	51-75%	176	50-75%
Martin	Low	-	<25%	237	>75%	222	26-50%
McDowell	Low	780	25-50%	429	>75%	266	<25%
Mecklenburg	Moderate	214	<25%	4,091	>75%	6,174	<25%
Mitchell	Moderate	111	25-50%	34	51-75%	73	26-50%
Montgomery	Very low	24	<25%	351	>75%	147	<25%
Moore	Moderate	79	<25%	165	26-50%	415	<25%
Nash	Low	208	<25%	411	>75%	453	<25%
New Hanover	Moderate	260	<25%	754	>75%	952	<25%
Northampton	Very low	116	<25%	196	>75%	128	26-50%
Onslow	Low	302	<25%	969	51-75%	1,049	<25%
Orange	High	356	<25%	444	>75%	580	26-50%

County	COI Average (Higher Scores = Greater Opportunity)	Head Start Enrollment	Head Start % Population	NCPK/ Title 1 Enrollment	NCPK/ Title 1 % Population	Subsidy Recipients Count	Subsidy% Population
Pamlico	Moderate	20	<25%	88	>75%	86	50-75%
Pasquotank	Low	145	<25%	296	>75%	238	<25%
Pender	Moderate	197	25-50%	563	>75%	329	<25%
Perquimans	Low	27	25-50%	74	>75%	67	26-50%
Person	Low	111	<25%	182	>75%	214	<25%
Pitt	Moderate	-	<25%	723	51-75%	1,373	26-50%
Polk	Moderate	80	25-50%	206	>75%	43	<25%
Randolph	Moderate	201	<25%	587	51-75%	845	<25%
Richmond	Very low	421	<25%	346	>75%	396	26-50%
Robeson	Very low	396	<25%	1,241	>75%	1,441	<25%
Rockingham	Low	198	<25%	508	>75%	485	<25%
Rowan	Low	257	<25%	545	51-75%	660	<25%
Rutherford	Low	262	<25%	473	>75%	457	<25%
Sampson	Low	-	<25%	656	>75%	474	<25%
Scotland	Very low	111	<25%	452	>75%	404	<25%
Stanly	Moderate	67	<25%	364	>75%	321	<25%
Stokes	Moderate	46	<25%	294	>75%	167	<25%
Surry	Moderate	137	<25%	515	>75%	383	<25%
Swain	Moderate	86	<25%	178	>75%	109	<25%
Transylvania	Moderate	41	<25%	231	>75%	137	<25%
Tyrrell	Very low	13	>75%	46	>75%	15	<25%
Union	High	-	<25%	564	51-75%	646	<25%
Vance	Low	160	<25%	521	>75%	430	<25%
Wake	High	1,068	<25%	2,492	51-75%	4,704	<25%
Warren	Very low	28	<25%	165	>75%	134	26-50%
Washington	Very low	47	25-50%	183	>75%	123	50-75%
Watauga	High	-	<25%	172	>75%	82	<25%
Wayne	Low	618	<25%	814	>75%	825	<25%
Wilkes	Low	238	<25%	712	>75%	231	<25%
Wilson	Low	241	<25%	287	51-75%	717	26-50%
Yadkin	Moderate	74	<25%	292	>75%	105	<25%
Yancey	Moderate	-	<25%	64	51-75%	41	<25%
NORTH CAROLINA	Low	17,929	<25%	50,561	>75%	54,189	<25%

Appendix C

Disproportionality Index Subsidy

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0–4)	Black Disproportionality Score (over 2.4; under .6)	White Disproportionality Score (over 1.5; under .1)
North Carolina (N.C.)	1.30	0.78
Alamance	1.62	0.70
Alexander	0.25	1.78
Alleghany	0.35	1.34
Anson	2.71	0.17
Ashe	0.10	2.07
Avery	0.18	1.75
Beaufort	2.11	0.50
Bertie	2.12	0.11
Bladen	2.12	0.42
Brunswick	0.76	1.46
Buncombe	0.50	1.94
Burke	0.57	1.28
Cabarrus	0.99	1.17
Caldwell	0.50	1.45
Camden	0.46	2.32
Carteret	0.38	2.14
Caswell	1.53	0.67
Catawba	0.81	1.39
Chatham	1.04	1.21
Cherokee	0.08	2.00
Chowan	2.27	0.14
Clay	0.15	2.37
Cleveland	1.93	0.60
Columbus	1.96	0.59
Craven	1.73	0.66
Cumberland	2.48	0.27
Currituck	0.42	2.67
Dare	0.11	2.08
Davidson	0.75	1.35
Davie	0.59	1.52
Duplin	1.96	0.59
Durham	1.87	0.36

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0–4)	Black Disproportionality Score (over 2.4; under .6)	White Disproportionality Score (over 1.5; under .1)
Edgecombe	3.11	0.18
Forsyth	2.01	0.43
Franklin	1.32	0.95
Gaston	1.30	0.94
Gates	1.04	1.07
Graham	0.35	1.53
Granville	1.36	0.74
Greene	2.76	0.26
Guilford	2.07	0.27
Halifax	3.39	0.07
Harnett	1.30	0.94
Haywood	0.03	2.02
Henderson	0.25	2.16
Hertford	3.06	0.03
Hoke	1.99	0.31
Hyde	1.18	1.04
Iredell	1.04	1.20
Jackson	0.09	1.90
Johnston	1.32	0.93
Jones	1.19	0.97
Lee	1.82	0.62
Lenoir	2.10	0.52
Lincoln	0.44	1.82
Macon	0.06	1.63
Madison	0.24	1.79
Martin	1.26	0.61
McDowell	0.15	1.77
Mecklenburg	1.65	0.25
Mitchell	0.14	2.45
Montgomery	0.97	1.17
Moore	1.00	1.20
Nash	1.85	0.41
New Hanover	1.25	0.93
Northampton	2.52	0.08
Onslow	1.28	0.97
Orange	0.77	1.64
Pamlico	0.67	1.66
Pasquotank	2.02	0.43
Pender	1.34	0.91

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0–4)	Black Disproportionality Score (over 2.4; under .6)	White Disproportionality Score (over 1.5; under .1)
Perquimans	1.31	0.85
Person	1.32	0.93
Pitt	2.31	0.23
Polk	0.35	1.67
Randolph	0.56	1.52
Richmond	1.56	0.80
Robeson	2.74	0.33
Rockingham	1.36	0.90
Rowan	1.31	0.95
Rutherford	0.94	1.07
Sampson	2.00	0.58
Scotland	3.00	0.29
Stanly	0.89	1.31
Stokes	0.33	1.93
Surry	0.32	1.54
Swain	0.29	1.33
Transylvania	0.24	1.78
Tyrrell	0.83	1.16
Union	0.92	1.27
Vance	3.28	0.15
Wake	1.13	0.72
Warren	2.44	0.26
Washington	3.15	0.17
Watauga	0.10	2.99
Wayne	2.16	0.43
Wilkes	0.33	1.58
Wilson	2.37	0.33
Yadkin	0.09	2.64
Yancey	0.13	1.76

Green – over-represented, Pink – under-represented

Appendix D

Disproportionality Index NC Pre-K/Title 1

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0–4)	Black Disproportionality Score (over 2.4; under .6)	Hispanic Disproportionality Score (over 1.9; under .3)	White Disproportionality Score (over 1.5; under .1)
North Carolina (N.C.)	0.79	1.08	1.00
Alamance	0.92	1.88	0.95
Alexander	0.38	0.77	1.47
Alleghany	0.18	2.82	1.08
Anson	2.15	0.63	0.40
Ashe	0.09	0.95	1.80
Avery	0.00	1.55	1.55
Beaufort	0.98	2.05	0.88
Bertie	1.80	0.06	0.37
Bladen	1.21	1.61	0.78
Brunswick	0.46	0.73	1.55
Buncombe	0.53	1.03	1.57
Burke	0.31	1.89	1.14
Cabarrus	0.64	1.55	1.33
Caldwell	0.47	1.15	1.27
Camden	0.13	0.33	2.80
Carteret	0.24	0.44	2.12
Caswell	1.04	0.57	1.09
Catawba	0.46	1.89	1.23
Chatham	0.56	2.33	1.20
Cherokee	0.06	0.37	1.90
Chowan	0.96	0.81	1.10
Clay	0.12	0.53	2.16
Cleveland	1.39	0.36	0.85
Columbus	0.97	1.29	0.91
Craven	0.95	1.10	1.00
Cumberland	1.83	0.98	0.48
Currituck	0.21	0.48	2.87
Dare	0.06	1.90	1.62
Davidson	0.57	1.94	1.11

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0–4)	Black Disproportionality Score (over 2.4; under .6)	Hispanic Disproportionality Score (over 1.9; under .3)	White Disproportionality Score (over 1.5; under .1)
Davie	0.49	1.35	1.32
Duplin	1.13	3.41	0.53
Durham	1.34	1.90	0.61
Edgecombe	2.42	1.23	0.40
Forsyth	1.50	1.76	0.58
Franklin	1.24	1.52	0.80
Gaston	0.79	1.21	1.14
Gates	0.56	0.19	1.87
Graham	0.00	0.00	1.75
Granville	0.67	1.36	1.15
Greene	1.32	2.80	0.64
Guilford	1.47	1.26	0.53
Halifax	2.58	0.32	0.32
Harnett	0.68	1.67	1.19
Haywood	0.04	0.71	1.81
Henderson	0.31	2.06	1.49
Hertford	2.56	0.51	0.25
Hoke	0.75	1.56	1.06
Hyde	0.60	1.50	1.34
Iredell	0.61	1.49	1.33
Jackson	0.14	0.88	1.60
Johnston	0.64	2.75	1.05
Jones	1.20	1.17	0.83
Lee	0.96	2.84	0.79
Lenoir	1.36	1.72	0.71
Lincoln	0.43	0.96	1.56
Macon	0.13	2.16	1.25
Madison	0.10	0.14	1.86
Martin	0.49	0.54	1.90
McDowell	0.18	0.78	1.56
Mecklenburg	0.98	1.54	0.42
Mitchell	0.00	1.59	2.01
Montgomery	0.68	2.58	0.99
Moore	0.41	1.91	1.55
Nash	1.32	0.92	0.75
New Hanover	0.74	1.01	1.30

Subsidized Child Care Disproportionality (Eligibility Under 200% Poverty Age 0-4)	Black Disproportionality Score (over 2.4; under .6)	Hispanic Disproportionality Score (over 1.9; under .3)	White Disproportionality Score (over 1.5; under .1)
Northampton	2.12	0.19	0.33
Onslow	0.74	1.30	1.12
Orange	0.43	1.24	1.64
Pamlico	0.70	0.27	1.49
Pasquotank	1.60	0.95	0.62
Pender	0.57	1.05	1.38
Perquimans	0.29	0.35	2.04
Person	1.13	0.71	0.97
Pitt	1.66	1.17	0.59
Polk	0.37	0.87	1.47
Randolph	0.37	2.49	1.19
Richmond	1.55	1.38	0.54
Robeson	0.95	1.47	0.45
Rockingham	1.01	1.22	0.91
Rowan	0.96	1.74	0.91
Rutherford	0.35	0.80	1.21
Sampson	0.95	3.87	0.41
Scotland	2.00	0.33	0.39
Stanly	0.72	0.80	1.26
Stokes	0.29	0.16	1.91
Surry	0.20	2.74	1.17
Swain	0.00	0.38	1.35
Transylvania	0.31	0.73	1.54
Tyrrell	1.61	2.02	0.59
Union	0.47	1.41	1.66
Vance	2.51	1.68	0.28
Wake	0.68	1.14	1.13
Warren	2.07	0.68	0.33
Washington	2.40	1.56	0.26
Watauga	0.09	0.52	2.64
Wayne	1.35	1.65	0.74
Wilkes	0.28	1.30	1.35
Wilson	1.33	3.14	0.66
Yadkin	0.20	1.50	1.88
Yancey	0.00	1.39	1.55

Green: over-represented, Pink: under-represented

Appendix E

Early Intervention CDSAs

CDSA	Total Children Enrolled	Total 0-3 pop	Total % 0-3 Enrolled	Black Enrolled	Total 0-3 Black	% Enrolled Black	% 0-3 Black	Black D - Score	Hispanic Enrolled	Total 0-3 Hispanic	% Enrolled Hispanic	% 0-3 Hispanic	Hispanic D-Score	White Enrolled	Total 0-3 White	% Enrolled White	% 0-3 White	White D-Score
Blue Ridge	392	7150	5%	*	263	*	4%	*	38	900	10%	13%	0.77	340	5919	87%	83%	1.05
Cape Fear	1673	52493	3%	518	15092	31%	29%	1.08	287	10272	17%	20%	0.88	705	22982	42%	44%	0.96
Charlotte	2504	58659	4%	924	19022	37%	32%	1.14	762	13239	30%	23%	1.35	579	21717	23%	37%	0.62
Concord	1414	38380	4%	267	6572	19%	17%	1.10	299	6666	21%	17%	1.22	778	23330	55%	61%	0.91
Durham	1389	33915	4%	442	10033	32%	30%	1.08	327	7059	24%	21%	1.13	519	15189	37%	45%	0.83
Elizabeth City	436	7722	6%	110	2268	25%	29%	0.86	47	785	11%	10%	1.06	272	4556	62%	59%	1.06
Greensboro	1626	43434	4%	496	13680	31%	31%	0.97	285	7609	18%	18%	1.00	750	19939	46%	46%	1.00
Greenville	586	18950	3%	229	7259	39%	38%	1.02	94	3188	16%	17%	0.95	224	8136	38%	43%	0.89
Morganton	796	16979	5%	59	1496	7%	9%	0.84	115	2664	14%	16%	0.92	584	11997	73%	71%	1.04
New Bern	626	23856	3%	142	4775	23%	20%	1.13	61	3900	10%	16%	0.60	366	14400	58%	60%	0.97
Raleigh	2677	52645	5%	681	11216	25%	21%	1.19	546	9163	20%	17%	1.17	1224	26910	46%	51%	0.89
Rocky Mount	846	23914	4%	327	8594	39%	36%	1.08	143	4296	17%	18%	0.94	331	10586	39%	44%	0.88
Sandhills	1177	25270	5%	298	6488	25%	26%	0.99	215	4971	18%	20%	0.93	597	12618	51%	50%	1.02
Shelby	832	21868	4%	161	4227	19%	19%	1.00	103	2476	12%	11%	1.09	525	14763	63%	68%	0.93
Western NC	855	23433	4%	36	1302	4%	6%	0.76	135	3540	16%	15%	1.05	625	17726	73%	76%	0.97
Winston Salem	1304	32860	4%	261	6383	20%	19%	1.03	282	6722	22%	20%	1.06	719	18902	55%	58%	0.96
North Carolina	19133	481528	4%	4951	118670	26%	25%	1.05	3739	87450	20%	18%	1.08	9138	249670	48%	52%	0.92