Kansas Child Care Workforce Supports Environmental Scan

Resources, Access, and System Alignment





ChildCare Aware® OF KANSAS

Kansas Department for Children and Families

CHILD CARE in KANSAS

Program Funding Partner

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Definitions

These working definitions should remain consistent with statewide terminology used in Cape, L2Q, and other state-funded workforce and quality-improvement infrastructure and programs provided by contracted partners such as KCCTO and CCA-KS.

Resource / support

Any offering, service, tool, funding, benefit, information, or infrastructure, that helps child care workers or providers strengthen practice, sustain operations, grow professionally, improve well-being, or remain in the field. Resources may be delivered by state agencies, intermediaries, regional partners, employers, or community organizations and may be one-time or ongoing.

Program

A structured resource with defined parameters (for example, eligibility criteria, application or enrollment process, set services or benefits, timeline, and a responsible administering entity). Programs often have a funding source and reporting requirements and may be time-limited (pilot) or ongoing.

Technical Assistance (TA)

Technical Assistance is the provision of targeted and customized aid to develop or strengthen processes, knowledge application, or implementation of services by a professional(s) with subject matter expertise and skills in adult learning practices.

Professional development (PD)

Early childhood education professional development is a continuum of learning and support activities designed to prepare individuals for work with and on behalf of young children and their families, as well as ongoing experiences to enhance this work. These opportunities lead to improvements in knowledge, skills, practices, and dispositions.

Training / Mentoring / Coaching

Training is a learning experience, or series of experiences, specific to an area of inquiry and related set of skills or dispositions, delivered by a professional(s) with subject matter and adult learning knowledge and skills. A planned sequence of training sessions comprises a training program. Training is distinct from both coaching and mentoring. Mentoring is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills (the mentor) providing guidance and example to the less-experienced mentee. Coaching is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s). Coaching is designed to build capacity for specific professional dispositions, skills, and behaviors and is focused on goal setting and achievement for an individual or group.

Tiering

A structured way of organizing supports by level, intensity, eligibility, and/or benefit amount (for example, baseline supports available to all; enhanced supports for those meeting certain criteria; intensive supports for those engaged in quality improvement or serving priority populations). Tiering can be explicit (formal levels/steps, defined incentive amounts) or implicit (access depends on licensure status, geography, program participation, or “good standing”).

Individual vs program/business supports

Individual-level resources are supports that attach to a person rather than a facility or business. These include professional development and training opportunities, credentials, participation in the workforce registry, and career pathway navigation. When available, they may also include scholarships or tuition assistance, wage supplements or bonuses paid directly to an individual, and benefits or well-being supports such as health insurance reimbursement, wellness programming, and mental health supports.

Program- or business-level resources are supports that attach to an organization or to a licensed center, group home, or home-based child care business. These include quality improvement supports delivered to a site (such as coaching tied to a program, accreditation-readiness assistance, and participation in quality recognition systems), business/shared services (billing or scheduling software, human resources assistance, and administrative support networks), operational relief supports (such as substitute pools), grants for facilities/equipment/start-up/expansion, and licensing navigation and compliance supports.

Hybrid supports benefit individuals through the program or require program participation to reach individuals. For example, coaching may be delivered at the site but results in changes to educator practice; substitute pools may stabilize staffing for a program while enabling individual educators to participate in training; incentives may be paid to a program with the intent of improving staff compensation or retention; and quality systems may require program enrollment while producing individual-level professional growth outcomes.

Operational / administrative supports

Supports that primarily reduce the administrative burden of running or staffing a program (for example, substitutes, shared services, child care management systems/CCMS, billing and scheduling tools, HR support, and navigation assistance). These supports are critical enablers because they free up time and capacity, but they do not automatically change classroom practice unless paired with practice-focused supports.

Quality and safety practice supports

Supports that directly strengthen health, safety, and developmental practice (for example, required and elective training aligned to standards and competencies, observation and coaching, infant-toddler consultation, mental health consultation, and continuous quality improvement cycles). These supports are the primary levers for improving children's experiences and outcomes when they are accessible and delivered with sufficient intensity.

Accreditation support

Supports that help programs understand, prepare for, pursue, or maintain national accreditation or use accreditation standards to strengthen practice. Accreditation support is treated in this report as a complementary quality-improvement pathway alongside L2Q, not as a replacement for L2Q or licensing. For some programs, accreditation can signal readiness and capacity when it is connected to CQI, coaching, quality benchmarks, and realistic operational supports.

How to use this report

The Kansas System Context: The Backbone That Shapes Resources section (p. 12) describes the statewide "backbone" systems that shape how supports are organized (Cape – the Kansas Workforce Registry, the Career Pathway and Core Competencies, Links to Quality, and licensing/ regulation).

The Kansas resource landscape inventory section (p. 16) inventories supports by category and notes how access, eligibility, and intensity differ by provider type, role, and geography.

The Cross-cutting analysis section (p. 25) synthesizes cross-cutting patterns (navigation and fragmentation, tiering, geographic coverage and fit across provider settings, and early use signals).

The remaining sections translate findings into system-strengthening opportunities, recommendations, and a practical implementation roadmap.

The **Appendices** provide supporting detail (data sources, a tiering crosswalk, place-based strategy matrices and a resource list.

Executive Summary

Purpose and scope

Kansas has made meaningful investments to strengthen the child care workforce and the early childhood system. This environmental scan identifies existing Kansas resources that child care providers can use to access support, develop partnerships, meet specific quality indicators (as identified by Links to Quality or L2Q), pursue accreditation or use accreditation standards when appropriate, and increase overall program quality. It maps supports available to child care providers, owners, directors, and early childhood professionals; describes how people access them; and identifies where coordination, routing, and sustainability can be strengthened.

The scan is Kansas-only. It covers supports that serve: (1) licensed providers (centers and licensed family child care), (2) license-exempt settings as defined in Kansas guidance (including exempt care categories and informal home-based care arrangements), and (3) prospective or pre-licensure providers and individuals considering entry. Throughout, the scan distinguishes supports that attach to individuals from supports that attach to programs or businesses.

Overall, Kansas has built strong foundational infrastructure and has continued testing promising strategies through regional and place-based initiatives. The scan is designed to help system partners see where existing supports bolster alignment with L2Q, accreditation readiness, continuous quality improvement (CQI) and other quality-improvement work, where services may overlap, and where gaps remain. The opportunity is not to start over, but to make the current system easier to use: reduce navigation burden, clarify tiering, and ensure that stabilization supports and practice supports work together to improve safety, quality, workforce stability, and accreditation readiness where programs choose that pathway. The scan also identifies Early Head Start–Child Care (EHS-CC) Partnerships as an important mixed-delivery strategy that can connect child care providers to infant-toddler quality supports, family engagement expectations, comprehensive services, and partnership-based capacity building.

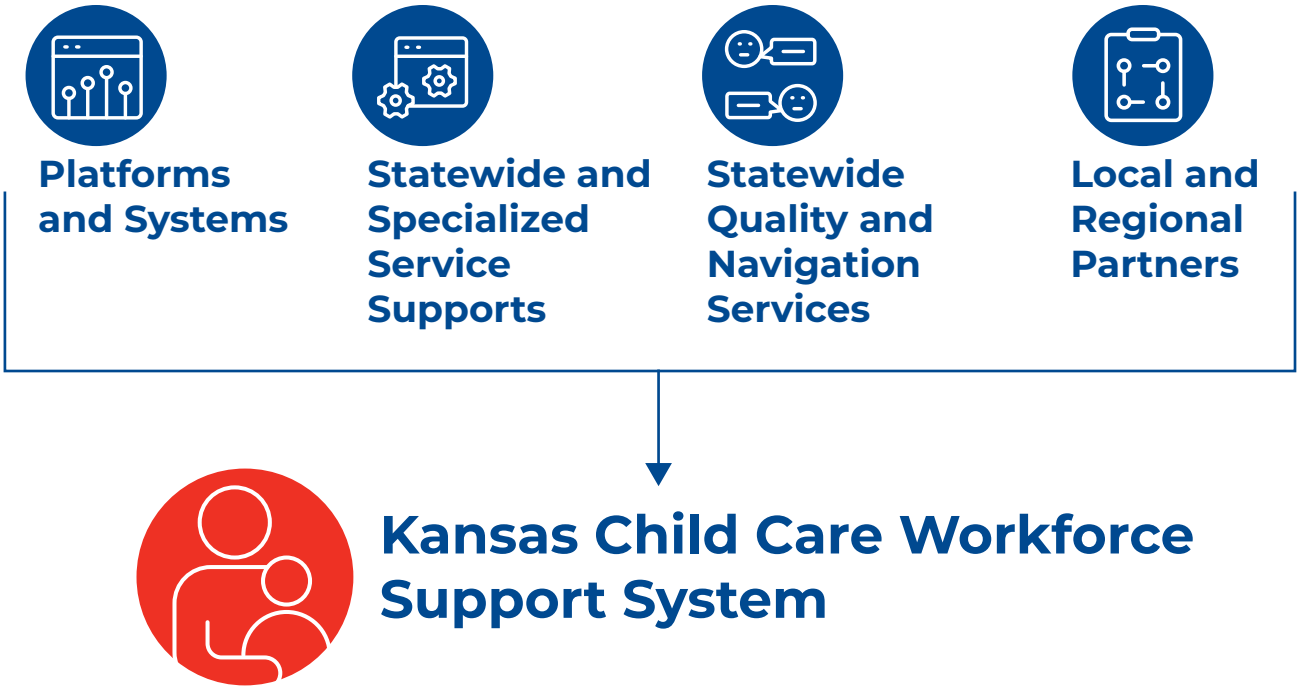


Figure 1. Kansas workforce support ecosystem at a glance.

Figure 1 shows the major support categories that make up the Kansas child care workforce support ecosystem. The central takeaway is that Kansas has strong infrastructure, but unfortunately, providers can still experience the system as separate pathways rather than a connected progression. The sections on the Kansas System Context: The Backbone That Shapes Resources section (p. 12) throughthe Cross-cutting analysis section (p. 25) provide the detailed system context, inventory, and cross-cutting analysis.

Key findings

Five findings should guide next-step decisions:

- ✓ Kansas has strong backbone and relationship-based infrastructure that can anchor professional development, quality improvement, navigation, and workforce coordination when partners use shared routing language and warm-handoff expectations.
- ✓ The biggest usability barrier is navigation and fragmentation: supports are spread across multiple entry points and operators, which increases search burden and makes follow-through harder when handoffs are inconsistent.
- ✓ Tiering exists implicitly, but providers do not always see a clear statewide “what comes next?” pathway that connects entry, professional learning, L2Q participation,

accreditation readiness when relevant, coaching, specialized consultation, business supports, and operational relief.

- ✓ The statewide baseline for higher-intensity supports remains uneven. Family child care, rural providers, and license-exempt caregivers face practical barriers when supports require time away, documentation, travel, broadband access, or substitute coverage.

- ✓ Kansas stabilization investments are meaningful, but the pathway from stabilization to measurable quality and safety improvement should be made more explicit through L2Q-aligned and accreditation-aware routing, practice-focused support, and clear referral pathways.

Top recommendations

Building on Kansas progress, the scan highlights five system-level recommendations. The Recommendations section (p. 35) provides the full implementation detail.

1. Adopt a no-wrong-door navigation model with shared terminology and clear warm-handoff expectations across core workforce support partners.
2. Publish a statewide progression and tiering framework that answers "what comes next?" by provider type, role, stage, and support intensity.
3. Align operational relief, compensation, benefits, coaching, consultation, training, business supports, and accreditation-related supports so stabilization supports make L2Q-aligned practice improvement more feasible.
4. Treat Community Outreach and Engagement (COE), local coalitions, Child Care Zones, and other place-based strategies as a structured learning-and-replication pipeline rather than separate local offerings.
5. Build a continuous evidence and provider-feedback cycle, including a Phase 2 L2Q resource-to-indicator crosswalk that maps existing supports to quality goals and identifies gaps.

Looking ahead

Kansas is well positioned to build on recent investments. The next phase of system development is less about creating entirely new programs and more about making existing resources work together in a way providers can see and use. A stronger throughline from entry and stabilization to L2Q-aligned and accreditation-aware practice improvement will help workforce investments translate into safer, higher-quality care for children and more stable, supported careers for early childhood professionals.



Introduction and Scope

Kansas has made major investments to strengthen the child care workforce and improve early childhood systems, yet providers and educators continue to face persistent challenges related to staffing, retention, training demands, and operational stability. This environmental scan is intended to clarify what workforce supports exist, how they fit together, and where the system can be strengthened so resources are easier to find, better aligned to provider needs, and more likely to be sustained and effective over time.

This scan is being conducted now to support decisions about navigation, alignment, investment priorities, and L2Q coordination. It is designed to:

- improve how child care professionals and providers locate and access supports
- how those supports connect to statewide infrastructure such as Cape, the Career Pathway and Core Competencies, L2Q, licensing and regulatory guidance, accreditation-related quality improvement, and services delivered by statewide, regional, and local partners
- how Kansas determines what to sustain, scale, redesign, or sunset based on evidence and provider-defined need

Although this scan emphasizes statewide infrastructure, local and regional supports are essential to how providers actually experience the system. Many providers enter through a local coalition, a Child Care Resource & Referral (CCR&R) contact, a Community Outreach and Engagement (COE) relationship, licensing contact, community partner, GO Team contact, QIC relationship, or regional initiative. For that reason, system alignment should focus not only on statewide resources, but also on the handoffs between local, regional, and statewide partners.

This report is an environmental scan. It documents and synthesizes existing known resources, programs, and infrastructure; describes how they are delivered and accessed; and lightly examines coverage, consistency, system design implications, and alignment with quality-improvement goals. It is not intended as a marketing document, outreach collateral, or a full needs assessment or evaluation of any individual initiative. Where possible, it uses available indicators to describe utilization and early signals of usefulness, and it identifies measurement gaps that limit decision-making.

Child care providers and settings included in the scan

The scan includes supports intended for child care providers/owners/directors and early childhood professionals operating in licensed settings and in settings that are exempt from Kansas child care licensing requirements. Throughout this report, "license-exempt" is used as an umbrella term with two subcategories: (1) exempt care categories defined in Kansas child care licensing and child care subsidy guidance (for example, relative care arrangements; care on military installations; certain specialized settings such as Job Corps centers; care on Indian reservations; and certain out-of-state providers serving Kansas children under subsidy rules) and (2) informal home-based family, friend, and neighbor (FFN) care arrangements that do not require licensure under specified conditions and were clarified through recent statutory changes (HB 2045). Where relevant, the scan also considers supports aimed at prospective providers and individuals seeking to become licensed. Any eligibility conditions tied to licensing status, good standing, geography, role, or participation in specific initiatives are documented as part of the tiering and access analysis.

Because Family, Friend, and Neighbor (FFN) care is often relationship-based and outside formal licensing pathways, the scan also includes low-burden supports such as the Supporting Care Providers of Kansas program offered by the Kansas Parents as Teachers Association (KPATA) where they help caregivers strengthen safety, child development, and school-readiness practices without assuming facility-level participation.

To keep provider populations and settings consistent throughout the report, the scan uses the following taxonomy:

- Licensed (including centers and licensed family child care; regulated and in good standing, where required).
- License-exempt – exempt care categories (examples include relative care arrangements; care on military installations; certain specialized settings such as Job Corps centers or care on Indian reservations; and out-of-state providers serving Kansas children under subsidy rules).
- License-exempt – informal home-based care (family, friend, and neighbor care) (small-scale arrangements clarified in HB 2045); and
- Prospective/pre-licensure (resources aimed at helping prospective providers understand requirements and move toward licensure; includes start-up/onboarding supports).

The scan considers workforce supports across key roles in the child care system, including child care providers (family child care owners) and child care directors (center-based programs), lead and assistant teachers, substitutes, and other support staff where data allow. It covers supports across center-based care, family child care, school-based early learning, and mixed-delivery partners where relevant. In this report, mixed-delivery partners refers to early learning and child care delivered through a combination of community-based providers and public or federally supported programs, such as school district preschool programs and Head Start/Early Head Start partners working alongside child care centers and family child care. Early Head Start–Child Care (EHS-CC) Partnerships are included in this mixed-delivery category because they link community-based child care providers with Early Head Start standards, comprehensive family supports, infant-toddler quality expectations, and partnership infrastructure.

Throughout, the analysis considers how setting type and local context shape access and feasibility, including differences in staffing structure, administrative capacity, and geography. Because some supports attach to individuals and others attach to programs, the scan distinguishes individual-level supports, program or business-level supports, and hybrid supports to clarify who benefits and how access is determined.

Intended audiences for findings and recommendations

The primary audience for findings and recommendations is the Kansas early childhood system and the public decision-makers who shape child care workforce investments, quality-improvement infrastructure, and cross-system alignment. This includes leadership from the Kansas Office of Early Childhood (OEC) and the Child Care Development Fund (CCDF) state administrators, as well as statewide governance or advisory bodies positioned to act on navigation, tiering, funding, and system-design recommendations.

A second core audience includes statewide, regional, and local implementation partners that operate or connect providers and professionals to services. This includes Child Care Aware of Kansas (CCA-KS), Child Care Resource & Referral (CCR&R) partners (Child Start, Futures First, and Child Care Aware of Eastern Kansas), workforce development and professional development partners such as Kansas Child Care Training Opportunities, Inc. (KCCTO), quality-improvement and consultation partners, community coalitions, local government, and other community-based organizations.

The report is also intended to inform education, employer, and community partners, including higher education and community colleges, school districts, economic development partners, philanthropy, and local collaboratives. For these audiences, the scan helps situate local innovations within the statewide system and clarifies what infrastructure would be needed to expand successful strategies without creating additional fragmentation.

For all audiences, the scan provides a shared picture of the child care workforce support ecosystem and highlights where coordination, referrals, data sharing, and provider feedback can strengthen access and impact.

Guiding principles for interpreting findings and recommendations

To keep findings and recommendations consistent across Kansas's diverse provider settings and roles, this scan applies the following guiding principles:

- Progression is defined as strengthening safe, developmentally appropriate care and education over time. It should not be framed only as growth in program size or movement into a larger model.
- Design for feasibility across settings (licensed centers, licensed family child care, and license-exempt settings) and across geography. This means minimizing administrative burden and recognizing constraints such as staffing coverage, travel, and broadband.
- Stabilization and operational relief supports (for example, substitutes, shared services, benefits navigation, and predictable incentives) are essential enablers. Practice-focused supports (training, coaching, consultation, continuous quality improvement supports, and accreditation-readiness supports for programs that choose that pathway) are the primary levers for improving quality and safety. Kansas benefits most when these supports are intentionally aligned.
- "No wrong door" navigation and warm handoffs matter as much as program design. Even strong supports underperform when providers cannot easily find them or understand what comes next.

Methods and data sources

Guiding questions

These guiding questions structure the scan around four themes: how supports start, stop, and evolve over time; what resources exist and who can access them; how providers experience navigation, tiering, and fragmentation; and what Kansas should sustain, scale, redesign, or build next based on provider-defined needs and available evidence.

Theme 1: How supports start, stop, and evolve over time

How stable and sustainable are key supports over time, and what drives starts, stops, and shifts in availability?

For each major support, what problem was it designed to solve, what population was prioritized, and what is the intended mechanism of change?

How does Kansas know whether supports are meeting provider-defined needs and producing intended outcomes, and how is that evidence used to drive decisions to continue, scale, redesign, or sunset offerings?

Theme 2: What resources exist and who can access them

What workforce resources exist in Kansas today, by support type, intensity, and geography?

Who can access what supports, including unlicensed providers and providers who are license-exempt, and what eligibility conditions determine access?

Where are the most pressing gaps by topic, provider type, role, and region, including rural and high-need communities?

Theme 3: How providers experience navigation, tiering, and fragmentation

How do providers learn about and navigate supports across entry points, referrals, and handoffs?

How are supports tiered, explicitly or implicitly, and where is tiering unclear, inconsistent, or difficult to navigate across provider types and regions?

Where is the system fragmented, including duplicative offerings, parallel portals, inconsistent requirements, or unclear roles between partners?

Theme 4: What Kansas should sustain, scale, redesign, or build next

What appears most scalable and sustainable, including beyond time-limited pilots?

What is missing in Kansas that may be worth adopting, using other states only to signal potential gaps rather than as a comprehensive comparison?

Based on these findings, what recommendations would reduce fragmentation, strengthen coherent tiering, and ensure supports evolve with needs over time?

Scan approach

This environmental scan combines structured document review with targeted use of available datasets to produce a Kansas-focused picture of the child care workforce resource ecosystem (see Appendix A). The first component is a desk review of key reports, program materials, and provider-facing portals that describe how workforce supports are designed, delivered, and accessed. The second component is a review of available data collected or maintained by Kansas early childhood partners, including technical assistance records, referral and navigation data, administrative service data, and workforce survey or study materials. These data were used to identify patterns in provider needs, service use, access barriers, and referral pathways where information was available. Where a dataset is partner-maintained or not public-facing, Appendix A names the contributing organization and describes how the data were used. The third component is the development of a coded resource inventory that applies a consistent taxonomy to each support and captures core attributes such as who it serves, eligibility conditions, intensity, geography, access pathway, and connections to statewide infrastructure (for example, workforce registry, quality improvement systems, and accreditation-related quality pathways). The final component is a validation step, or "reality check," in which preliminary findings are reviewed with state partners to confirm accuracy, identify missing resources, and refine interpretation of how the system functions in practice.

Limitations

Because many child care workforce supports are time-limited, grant-funded, or regionally implemented, the availability and design of programs may change during the scan period. The report will document version dates and, when possible, distinguish between ongoing infrastructure and time-bound initiatives. Some apparent gaps may be true service gaps, while others may be visibility or tracking gaps, especially for local/regional supports, informal partner efforts, relationship-based work, accreditation-related supports, and community coalition activity that does not always appear cleanly in datasets. In addition, legislative and policy changes that broadened the set of providers included within license-exempt care, including some family, friend, and neighbor arrangements, are not yet consistently captured in existing workforce and program data systems. As a result, the scan may not fully reflect the reach, needs, and utilization patterns of these providers, reinforcing the need for clearer documentation and stronger tracking over time.

Finally, this effort is not a comprehensive evaluation. The purpose is to map resources, describe access and navigation, assess system coherence, and identify practical opportunities to reduce fragmentation, clarify tiering, and strengthen evidence-informed decision-making. Where performance information is available, the scan will present it as descriptive evidence signals rather than definitive impact estimates.

Kansas System Context: The Backbone That Shapes Resources

Kansas's workforce supports do not operate in isolation. They sit within a broader statewide infrastructure that shapes how providers and professionals enter the field, access training and technical assistance, participate in quality systems, and connect to financial and operational supports. Understanding this backbone is critical to interpreting the resource landscape. It helps distinguish which supports are foundational and statewide, which are partner-delivered, and how navigation and progression are currently structured.

This section describes the core infrastructure that organizes workforce supports across the state. It begins with statewide navigation and participation pathways, then describes the career growth framework and the licensing and regulatory systems that shape how providers experience the field. Together, these elements influence how resources are accessed, how providers move through the system, and where fragmentation or gaps may emerge.

Statewide workforce infrastructure and navigation

Kansas has developed several kinds of infrastructure intended to serve as entry points and coordination anchors for the child care workforce. To reduce confusion, this report distinguishes platforms and systems from the entities, community partners, and services that help providers use them. These distinctions are outlined below.



Platforms and systems: These include Cape, L2Q, licensing and regulatory guidance, child care subsidy enrollment and provider participation pathways, TOOTRiS (formerly WorkLife Systems/WLS) as a child care search, referral, program management, and data technology platform, and other statewide data or provider/professional participation systems.



Statewide and specialized service supports: These refer to the specific offerings provided to providers such as those available through the KCCTO Workforce Development contract, financial supports and scholarships, Infant-Toddler Specialist Network (ITSN) consultation, and other training, coaching, consultation, and accreditation-readiness supports tied to quality improvement. Mixed-delivery partnership models, including Early Head Start–Child Care (EHS-CC) Partnerships where available, also function as specialized quality and capacity-building pathways. These partnerships can bring child care providers into closer alignment with infant-toddler quality standards, comprehensive family support expectations, professional development, coaching, and coordinated service delivery.



Statewide quality and navigation services: These refer to programs and services that help providers increase quality, support family access to provider offerings, and/or help providers better navigate resources and their provider journey. They include resources available through CCA-KS and the CCR&R Network such as the Provider Support Center, Quality Improvement Coaching (QIC) services, QIC Learning Community Meetings, GO Team start-up/expansion support, and Community Outreach and Engagement (COE) services.



Local and regional partners: These refer to partners and initiatives operating at a local or regional level to support providers, such as specific CCR&R partner agencies, local coalitions, community organizations, school districts, employers, and other partners that help adapt statewide supports to community context.

Taken together, these platforms, service supports, and partner relationships form the practical front door to the workforce support system. They do not yet operate as a fully unified navigation structure, but they provide much of the statewide backbone through which providers first encounter training, quality supports, accreditation-readiness information, licensing information, fire/life-safety requirements, specialized consultation, business supports, and participation in publicly funded care.

Career growth framework

Kansas's career growth framework, which is detailed on the Cape website, provides the structural foundation for workforce development. The Kansas Career Pathway is competency-based and recognizes both formal education and in-classroom experience. This design is particularly important for long-time family child care providers and educators who may advance through demonstrated skills and experience rather than traditional degree pathways alone.

The Core Competencies and Kansas Early Learning Standards serve as statewide anchors for training and practice. They define expectations for educator knowledge and classroom quality and guide professional development offerings, coaching, and quality improvement supports.

Links to Quality (L2Q), Kansas's quality improvement and recognition system (QRIS), operates as both a practice improvement mechanism and a professional growth pathway for licensed child care programs, including centers and licensed family child care. Participation may involve coaching, goal setting, and demonstration of quality benchmarks. As L2Q continues to integrate with Cape, it represents an increasingly central component of how career progression, quality participation, and provider support intersect.

Accreditation can also serve as a complementary quality-improvement pathway for programs that choose to pursue national accreditation or use accreditation standards to strengthen practice. It should be connected to CQI, coaching, operational feasibility, and L2Q-aligned quality benchmarks rather than treated as a separate or competing track.

In addition to formal infrastructure, peer learning and professional community play a meaningful role in career growth and retention. The Child Care Providers Coalition of Kansas (CCPC) supports family child care providers through peer support, provider voice, and communities of practice. Local coalitions supported through the CCA-KS Community Outreach and Engagement (COE) team and related community work also contribute to provider connection, leadership development, and warm handoffs into the appropriate service, such as QIC services, L2Q participation, KCCTO Workforce Development (financial supports, professional development/training, ITSN, coaching/consultation, CDA-related supports, etc.), ITSN consultation, GO Team start-up/expansion assistance, or accreditation-readiness resources where applicable.

Licensing and regulatory supports

The Kansas Department of Health and Environment (KDHE) provides Child Care Licensing guidance, a Provider and Parent Resources hub, and the Child Care Licensing Toolkit to support compliance and quality. These resources function as foundational infrastructure and often represent the first formal step in a provider's journey into licensing and ongoing regulatory support. At a high level, licensing typically involves determining the appropriate

facility type and license category, completing required forms and documentation, meeting pre-licensing health and safety requirements, and undergoing application review and an initial inspection or visit to verify compliance before a license is issued. After licensure, providers are expected to maintain compliance through ongoing monitoring and renewal processes, and many connect to technical assistance and quality improvement supports to strengthen practice beyond minimum requirements.

Kansas has also undertaken multiple efforts to understand and improve provider experience with licensing and regulatory systems. In 2020–2021, Kansas conducted a child care provider experience mapping effort to document provider navigation and pain points (Strengthening Early Childhood Systems Building Webinar – 6.2.21). Beginning in 2023, KDHE Child Care Licensing conducted a comprehensive regulatory review that included engagement with the field and updates to regulations (Child Care Licensing regulatory review testimony deck). In addition, the KDHE Child Care Licensing CCSIT team hosted regional roundtables in 2024–2025 to hear directly from the field about licensing challenges and provider experience. Together, these efforts reflect an ongoing focus on improving clarity, consistency, and usability of licensing guidance over time.

Licensing and regulatory responsibilities are described based on the structure in place during the scan. As responsibilities shift to OEC, provider-facing tools, links, and referral scripts should be updated so providers continue to receive consistent guidance from licensing, the Kansas State Fire Marshal (KSFM) and fire-life-safety, GO Team, QIC, and other entry points.



Kansas resource landscape inventory

This scan identified a broad set of workforce supports in Kansas spanning entry, professional development, coaching and technical assistance, accreditation readiness, financial and benefits supports, operational relief, specialized consultation, and place-based strategies. Building from the statewide backbone described in the Kansas System Context: The Backbone That Shapes Resources section (p. 12), this section inventories supports by function and notes where access, eligibility, intensity, and geography shape provider experience.

The most significant gaps are not simply missing programs. They are gaps in routing, sustained dosage, statewide consistency, and visibility: providers may not know which support to use first, how supports connect to L2Q, accreditation standards, and quality indicators, or whether a resource is statewide, regional, time-limited, or tied to a specific initiative.

How this scan categorizes workforce supports

Workforce supports serve different purposes, and clarity about purpose helps reduce confusion and improve alignment. Throughout the Kansas resource landscape inventory section (p. 16), this scan uses three practical categories:

- **Practice-focused supports (quality and safety):** training aligned to competencies and standards, observation and coaching, specialized consultation (for example, infant-toddler or mental health consultation), accreditation-readiness assistance for programs that choose that pathway, and continuous quality improvement (CQI) activities.
- **Stabilization supports (retention and viability):** compensation and incentive models, benefits access and well-being supports, and other strategies intended to reduce financial pressure and improve retention.
- **Operational/administrative supports (feasibility enablers):** substitutes, shared services and business supports, navigation and "front door" assistance, and other resources that reduce administrative burden and make it feasible for providers and educators to participate in practice-focused supports.

Because some supports serve more than one purpose, each subsection identifies the support category where the resource primarily belongs and notes secondary quality, stabilization, or feasibility effects only when they affect routing or system design.

Entry and onboarding supports

Primary function: Operational/administrative (entry, onboarding, and licensing navigation), with an emphasis on establishing a safety baseline for new and transitioning providers.

Kansas has multiple entry points for prospective providers and early-stage programs, anchored by licensing guidance and complemented by partner-based navigation, GO Team supports, Quality Improvement Coaching (QIC) services, KSFM/fire-life-safety guidance, business start-up supports, and community technical assistance. The inventory also includes targeted pipeline efforts designed to recruit, prepare, and stabilize new providers and early-stage programs, including the Family Child Care Expansion Project (FCCEP) developed by CCA-KS, child care initiatives from the NW Kansas Innovation Center, high school Career and Technical Education (CTE) pathways that introduce students to child care careers supported by the Kansas State Department of Education (KSDE), and low-burden FFN supports such as Supporting Care Providers of Kansas offered by the KPATA, where applicable.

At the same time, entry supports can feel uneven across provider types and starting points. Licensed applicants and programs often have the clearest "formal" pathway (licensing → registry/professional development → quality supports), while family child care entrants and other small programs are more sensitive to administrative burden and frequently need hands-on navigation to translate requirements, business operations, staffing, and facility planning into workable steps. Providers operating in license-exempt settings may not experience a clear on-ramp into higher-intensity supports if those supports assume licensure or facility-level quality participation, and prospective providers may receive different guidance depending on where they enter the system and which local partner they encounter. In practice, these differences can make entry supports feel sufficient for getting started but less effective at supporting progression into sustained supports that stabilize operations and strengthen practice over time.

Consistent with the guiding principles in the the Introduction and Scope section (p. 6) and the Definitions section (p. 1), onboarding should frame progression as stronger safety and quality practice over time, not only expansion into a larger program model or deeper formal-system participation.

Improvement opportunity: clarify the onboarding sequence by provider type and standardize handoffs from initial start-here entry points into KSFM/fire-life-safety guidance, licensing, Cape enrollment, the Career Pathway, early professional development planning, business supports, QIC support, L2Q where applicable, accreditation-readiness resources where relevant, and FFN-focused supports such as Supporting Care Providers of Kansas. Out-of-state advising and quality-navigation examples are consolidated in the Select system features to consider section (p. 33) so this section can stay focused on the Kansas onboarding sequence.

Professional development and training access

Primary function: Practice-focused (quality and safety) through professional learning, with feasibility shaped by time, coverage, and access.

Kansas's professional development infrastructure is anchored in Cape as the intended statewide platform for workforce registry participation, professional development tracking, training discovery, and training registration. While some Kansas partner websites may still provide provider-facing information and navigation links, these trusted organizations such as CCA-KS and KCCTO have migrated their training offerings to all be available in Cape. Additional supports and financial resources supported through KCCTO, the state workforce development partner, are core parts of this professional learning landscape and are also in Cape. This structure supports the state's goal of making Cape the primary place where child care professionals and providers find, plan, register for, and track professional learning.

Findings from the Kansas Early Childhood Care and Education Workforce Study (administered by KCCTO) show why professional development access must be designed differently across settings. Center-based respondents reported stronger access to employer-linked paid leave than family child care respondents, while family child care professionals often self-fund time away and may need substitutes or closure relief to participate. These data points support the broader access-barrier summary in the Geographic coverage and fit across provider settings section (p. 28) and point to the same design need: low-burden formats, predictable scheduling, and clear guidance about what training to take next.

For rural providers, the professional development issue is not only distance or broadband; it is also the search burden of deciding which training is worth limited time. Resources found through Cape, trusted coaching relationships, local CCR&R partners, COE-supported community relationships, and the online CCA-KS Provider Support Center can reduce that burden when they consistently point providers to role- and stage-appropriate next steps.

Providers and professionals who are not connected to the licensing and facility-level quality pathway can encounter a different barrier: not just feasibility, but pathway clarity. When communications and recommended "next steps" are routed primarily through licensing and quality channels, some providers and prospective professionals may not see where they fit or how to begin. Kansas's intended approach is for Cape to function as a more universal entry point for professional learning, available to anyone seeking training and career development in child care, not only those currently working in licensed settings. In this sense, Cape is designed to make professional development more visible, searchable, and trackable through a single system, even as implementation and consolidation continue to evolve.

Improvement opportunity: continue strengthening the Cape user experience so professionals can easily answer "what should I take next?" based on role and stage (new

educator, experienced educator, child care director, family child care provider, substitute, or prospective entrant), and so training discovery is clearly connected to the Career Pathway, Core Competencies, financial supports, IPDP planning, L2Q participation, accreditation standards, and other statewide and local training offerings through trusted training organizations.

Coaching, consultation, and technical assistance (TA)

Primary function: Practice-focused (quality and safety) through coaching, consultation, and continuous quality improvement (CQI).

Kansas has multiple coaching and technical assistance pathways, with Links to Quality (L2Q) serving as a central structure for program-level continuous quality improvement supports, recognition, and incentives for licensed child care programs, including centers and licensed family child care. L2Q participation typically engages the director, owner, or family child care operator as the main point of contact while also shaping the practice and professional growth of educators in the program. Quality Improvement Coaching (QIC) services, offered locally through CCA-KS and CCR&R pathways, are an informal but important relationship-based entry point for coaching, technical assistance, professional development, business supports, and referrals into L2Q and related supports.

The broader coaching and consultation ecosystem includes initiatives offered through key workforce and quality partners, KCCTO and CCA-KS. These include financial supports, provider support services, QIC Learning Community Meetings offered through the QIC structure, specialized consultation networks, and accreditation-readiness supports where available. Infant-toddler practice supports are a key specialized resource through the Infant-Toddler Specialist Network (ITSN). Peer learning supports, including the Child Care Providers Coalition of Kansas and COE-supported local coalitions, also function as informal learning infrastructure, though these peer-based supports are not always state-funded in a sustained way.

Coaching and TA resources appear spread thin relative to the range of needs across settings and career stages. The category-specific issue is not only access, but dosage and sequence: providers should be able to see how baseline technical assistance (short-term, issue-specific guidance or referrals), QIC services (relationship-based coaching, business support, and follow-up through CCA-KS/CCR&R pathways), L2Q participation, sustained coaching, specialized consultation, and accreditation-readiness supports fit together. Broader feasibility barriers by setting and geography are summarized in the Geographic coverage and fit across provider settings section (p. 28).

Improvement opportunity: make coaching and consultation pathways easier to understand by defining the sequence from baseline technical assistance to QIC

services, L2Q participation, sustained coaching, specialized consultation, business support, and accreditation-readiness assistance where relevant. Providers should be able to see where to start, who can make the warm handoff, and what level of follow-up to expect in higher-intensity support models. Out-of-state coaching examples are consolidated in the Select system features to consider section (p. 33).

Early Head Start–Child Care Partnerships and mixed-delivery quality supports

Primary function: Practice-focused and partnership-based quality improvement, with secondary effects on workforce stability and infant-toddler capacity.

Early Head Start–Child Care (EHS-CC) Partnerships are an important mixed-delivery strategy for strengthening infant-toddler care in community-based settings. These partnerships connect child care providers with Early Head Start expectations, comprehensive family supports, professional development, coaching, health and developmental screening practices, family engagement, and continuous quality improvement. In practice, EHS-CC Partnerships can help providers improve quality while preserving child care as the setting where families receive care.

For this scan, EHS-CC Partnerships should be understood as both a provider-facing support pathway and a system-alignment strategy. They may support child care programs through coaching, training, quality expectations, family support connections, and coordination with Head Start/Early Head Start partners. They also illustrate how Kansas's child care workforce supports intersect with federally supported early learning infrastructure.

Improvement opportunity: Include EHS-CC Partnerships in the statewide navigation and tiering framework so providers, coaches, CCR&R partners, COE staff, GO Team, L2Q, KCCTO/ITSN, and other partners can see when EHS-CC is an appropriate referral or alignment pathway, particularly for infant-toddler providers and programs serving families with higher support needs.

Compensation, stipends, and direct incentives

Primary function: Stabilization (retention and viability) through compensation supports, stipends, and incentives.

Kansas includes direct financial supports aimed at stabilizing the workforce, including Baby Steps (a program developed and administered by CCA-KS), Child Care Zones-linked recruitment and retention strategies, Grow ECE in collaboration with Futures First in Wyandotte County, and resource navigation through the GO Team where providers need help identifying which financial, operational, or start-up supports fit their circumstances. These supports function primarily as stabilization mechanisms,

helping providers sustain operations and retain staff in a sector characterized by narrow operating margins and limited wage growth.

At the same time, the scan suggests that direct financial supports are distributed across multiple initiatives and time horizons, which can make the overall compensation and incentives landscape feel spread thin and difficult to interpret, particularly for experienced providers and directors seeking predictable, sustained stabilization rather than one-time relief. Zones illustrate this dynamic: they are piloting a broader menu of direct financial strategies than is always visible from statewide entry points alone, including recruitment and retention bonuses, wage supplement grants for both in-home providers and centers, nontraditional-hours incentives, and operational or facility assistance such as small renovations and health-and-safety supports (see the Zones landscape brief). PDG B-5 reporting provides a concrete Year 1 benchmark for one major financial support: $608,875.72 distributed to 43 providers through Baby Steps, reported as financial bonuses or wage supports not tied to education levels.

The scan also identified major time-limited stabilization and incentive investments deployed during the COVID-19 period that shaped workforce compensation and program stability but are no longer active. These include the Kansas Department for Children and Families' Child Care Workforce Appreciation Bonuses initiative and multiple rounds of Child Care Sustainability Grants intended to stabilize providers during pandemic impacts. These investments matter for interpretation because they demonstrate the scale of incentives Kansas was able to deploy while also highlighting the challenge of continuity once emergency funding ends.

In addition to stand-alone incentive programs, DCF's Child Care Assistance program influences provider revenue through payment rates and periodic incentive mechanisms tied to subsidy participation. DCF maintains guidance for subsidy providers on its Child Care Providers page and publishes maximum payment rates in the Provider Rate Chart. Kansas has also used time-bound incentive payments to encourage or support subsidy provider enrollment in targeted periods; for example, Child Care Aware of Kansas published a DCF Provider Incentive Payment FAQ describing an incentive for providers enrolled during a defined 2023 window. These subsidy-related levers matter for workforce stabilization because they shape whether serving subsidy families is financially viable and can function as a de facto compensation and retention lever even when not framed as a workforce program.

How providers experience financial supports depends on visibility, administrative burden, delivery mechanism, and whether they are already connected to a Zone lead, QIC service, GO Team contact, CCR&R partner, COE/local coalition relationship, or other relationship-based support. Rather than restating the family child care, center-based, rural, and license-exempt access barriers in each subsection, the Geographic coverage and fit across provider settings section (p. 28) consolidates those feasibility issues.

The compensation-specific concern is predictability: providers and staff need to know which supports are statewide, which are local or time-limited, who is eligible, and whether funds are intended to support individual compensation, program stabilization, education-related costs, or quality/accreditation milestones.

Improvement opportunity: increase predictability and reduce burden by clarifying statewide eligibility rules, aligning incentives to an explicit progression logic by role, setting, engagement level, L2Q-aligned milestones, and accreditation-readiness milestones where applicable, and simplifying access through registry and licensing data where feasible. Use the Select system features to consider section (p. 33) for out-of-state design features rather than repeating state examples in each support category.

Kansas can also review lessons from existing or prior wage-supplement efforts used in the state, such as Grow ECE and former adoption of the WAGE$® program. This can strengthen contextual understanding of what would be required to make any future compensation strategy predictable, rules-based, and connected to the Career Pathway, L2Q-aligned quality improvement, and accreditation-readiness goals where programs choose that pathway.

Benefits access, health coverage, and well-being

Primary function: Stabilization (benefits and well-being), with indirect quality effects through reduced stress, burnout, and turnover.

Kansas has developed several models to address benefits access and well-being, but the scan suggests these supports are not yet available at the scale or predictability needed across the full workforce continuum. Current approaches include region-specific benefits models such as Thrive Allen County, workforce well-being training and consultation supports connected to the Kansas Association for Infant and Early Childhood Mental Health and the Mindful Minis C.A.R.E. Program, and place-based approaches implemented through Child Care Zones where applicable (see the Zones landscape brief). CCA-KS and partner models may also connect providers and professionals to benefits navigation and well-being supports, including tele-health and tele-therapy access where offered, but availability and eligibility can vary by region.

The access issues described in the Geographic coverage and fit across provider settings section (p. 28) also shape benefits and well-being supports. The additional benefits-specific question is whether Kansas intends to define a baseline statewide benefits access offer. Thrive Allen County illustrates one trackable reimbursement model, while KAIMH-related training, Mindful Minis C.A.R.E., and Zone-based approaches show that well-being supports exist but vary by geography and intermediary capacity.

Improvement opportunity: define a baseline statewide benefits access offer that, at minimum, includes clear eligibility information and benefits navigation for family child care providers, child care directors, classroom staff, and license-exempt caregivers where applicable. Regional partners could still deliver enhancements, but providers should not need to be connected to a specific local initiative to understand whether help exists or how to begin.

Operational relief and business supports

Primary function: Operational/administrative relief (substitutes and business supports) that enables participation in training, coaching, and quality improvement.

Kansas includes several operational and business supports intended to reduce administrative burden, prevent closures, and make it more feasible for providers to participate in professional development, coaching, L2Q, and accreditation-readiness work. These include substitute-related supports, shared services or administrative support functions, child care management systems (CCMS), billing and scheduling tools, QIC business supports, L2Q business supports, GO Team connections to local resources, and other business supports. Availability and routing vary, so providers often need a warm handoff to understand what is active in their region and what applies to their setting.

Substitute strategies appear through both statewide-adjacent and regionally anchored initiatives. CCA-KS has offered substitute-related supports for family child care through a Family Child Care Substitute Scholarships model intended to reduce the cost barrier to developing qualified substitutes. Regionally, the NWKS Early Childhood Innovation Center describes a Child Care Substitute Initiative intended to help both centers and home providers identify trusted substitutes and cover costs associated with the substitute process. Kansas also currently funds a high-utilization substitute staffing model through Customized Early Education under the state's time-limited PDG grant. The program is intended to provide qualified coverage for child care programs and home providers facing staffing shortages (see also the Customized Early Education Substitute Program flyer). Based on 2025 program administrative data, the CEE program was utilized by 58 child care programs and provided 19,380 substitute care hours.

On the business support side, CCA-KS offers several provider-facing services intended to reduce administrative burden and connect providers to practical operational support, including QIC business supports, GO Team start-up and expansion navigation, L2Q-related business supports, CCMS-related guidance, and other service connections. The issue identified in the scan is less about multiple organizations coordinating separate business supports and more about visibility and referral clarity:

providers and partner organizations need to know which services are available, which provider needs each service is designed to address, and how partners should make warm handoffs into those services. Clearer partner-facing referral guidance would help providers experience these operational supports as a connected set of services rather than as separate or difficult-to-locate resources.

Access to operational relief is shaped by the same feasibility barriers summarized in the Geographic coverage and fit across provider settings section (p. 28). The category-specific issue is routing: providers need to know what substitute, CCMS, shared-services, QIC business support, L2Q business support, GO Team, or other business supports are available statewide versus regionally, who coordinates them now, and what minimum service expectations apply. Clear handoffs among partners would help providers experience operational supports as a stable part of the workforce system rather than a location-dependent add-on.

Place-based strategies: standing community support infrastructure and local pilot initiatives

Primary function: Bundled supports (a mix of practice-focused, stabilization, and operational supports) delivered through place-based infrastructure.

Kansas has standing community support infrastructure delivered through CCR&R Network and CCA-KS Community Outreach and Engagement (COE) team. COE is not background context only; in many communities, it is the relationship infrastructure that helps local leaders, coalitions, employers, and community members understand the child care landscape, build or sustain child care capacity, and identify what to do next. The online Community Support Center on the CCA-KS website is an important public-facing entry point for this work.

Child Care Zones (Zones) are a place-based pilot initiative funded by the most recent Kansas Preschool Development Grant (PDG) intended to expand child care supply and strengthen workforce stability by bundling multiple supports in defined regions. The Zones build on the kind of relationship-based community infrastructure that COE, local coalitions, and local partners have developed over time. As Zones phase out, COE and local coalition infrastructure are natural throughlines for sustaining relationships, lessons learned, and referral pathways that should continue beyond a time-limited grant period.

Because Zone strategy bundles vary by county footprint and local capacity, two providers with similar needs may encounter different options depending on where they operate. That variation is appropriate for a pilot, but it should be translated into shared learning: which strategies show meaningful uptake, what implementation conditions

are required, what should become a statewide baseline, what should remain locally tailored, and what should be sunset or redesigned. Appendix B now retains the detailed Zone strategy matrix and adds a companion COE/local coalition matrix so place-based learning is not limited to Zones alone.

Cross-cutting analysis

This section synthesizes what the inventory reveals about how the system functions as a whole. It focuses on how child care providers/directors and child care professionals experience navigation across multiple entry points, where access and coverage are uneven across geography and settings, and what early utilization signals suggest about demand and uptake. The intent is not to evaluate impact, but to identify where the current system is working as designed, where it is hard to use, and where clearer alignment and evidence-informed decision-making would strengthen future investments, particularly given that supports appear spread thin relative to the range of needs across the workforce continuum

Navigation and fragmentation analysis

The most visible pathways include statewide platforms and systems, including Cape, L2Q, licensing, subsidy pathways, and TOOTRiS (formerly WorkLife Systems/WLS); provider-facing services through CCA-KS/CCR&R partners; workforce and specialized supports such as ITSN and coaching/TA offered by KCCTO; FFN-specific supports such as Supporting Care Providers of Kansas; and localized place-based entry points such as Zones and local coalitions.

Even with that consolidation intent, providers still must navigate multiple delivery channels to assemble a complete package of supports. Operational relief (substitutes) and benefits supports are not only information resources; they are accessed through specific operators and models. For example, substitute-related supports show up through regionally anchored initiatives such as the NWKS Early Childhood Innovation Center's Child Care Substitute Initiative and through other substitute scholarship/coverage approaches, while benefits supports show up through specific regional models such as Thrive Allen County's health insurance resources for child care professionals. This means providers need not only a directory of supports, but a reliable referral pathway and clear eligibility language to reach the "right" operator.

COE is especially important as grassroots community-capacity infrastructure. COE coordinators work one-on-one with communities, coalitions, and local partners that are looking to build or sustain child care capacity. When a provider-specific need emerges, the

handoff should be explicit: GO Team can support start-up or expansion navigation, QIC services can support quality improvement and business needs, L2Q can support program-level CQI, ITSN and other KCCTO programs can support workforce development and specialized consultation, and FFN caregivers can be routed to appropriate low-burden supports such as Supporting Care Providers of Kansas where eligible.

Where fragmentation is most likely to show up is the repetition of navigation work for providers: multiple websites to check, different intake steps, and uneven handoffs across partners. Shared Services previously handled some routing and coherence functions within quality-improvement infrastructure, and current revisions should build from that history rather than create a new parallel structure. The clearest system-design opportunity is to define warm handoffs across statewide platforms, CCA-KS/CCR&R provider services, COE/local coalitions, GO Team, FFN supports, ITSN, Cape, and L2Q so local variation functions as intentional tailoring rather than a confusing patchwork.

Tiering analysis (eligibility + intensity)

The scan suggests Kansas already has an implicit tiering structure: the intensity of support tends to increase as providers and professionals become more connected to formal systems and intermediaries, including licensing pathways, Cape, L2Q, CCA-KS QIC services, KCCTO workforce supports and financial resources, ITSN consultation, COE/local coalitions, GO Team, FFN-specific supports, statewide and regional partners, accreditation-related pathways, and place-based initiatives. In practice, the most “felt” higher-intensity supports are those that provide tangible relief, because they directly address the constraints that keep providers from sustaining operations or participating in professional growth.

EHS-CC Partnerships should be reflected in the tiering framework as a mixed-delivery pathway that may provide enhanced or intensive supports depending on the partnership model. For participating providers, EHS-CC can create a more structured pathway into coaching, comprehensive services, infant-toddler quality expectations, family engagement practices, and coordinated professional development.

At the same time, tiering is not consistently visible as a coherent statewide pathway. Licensed providers connected to L2Q and those supported by QIC services are more likely to experience a structured improvement pathway, including family child care programs. Programs pursuing accreditation may experience a second quality-improvement pathway, but the connection between accreditation standards, L2Q indicators, CQI, and available supports is not always visible. Licensed providers connected to L2Q and those supported by QIC services are more likely to experience a structured improvement pathway, including family child care programs. Programs pursuing accreditation may experience a complementary quality-improvement

pathway, but the connections among accreditation standards, L2Q indicators, CQI, and available supports are not always visible. The central tiering issue is that providers do not always see a clear route from any entry point into the supports that fit their setting, goals, and readiness level.

The tiering crosswalk is useful because it makes these patterns explicit: which supports function as baseline (available broadly), which operate as enhanced supports (available with defined triggers such as licensure, role, geography, or program engagement), and which are intensive (higher-dosage supports typically tied to quality improvement participation, place-based bundles, or specialized models). It also highlights where common workforce levers, such as scholarships and tuition supports, subsidized training, education-linked compensation strategies, and pipeline approaches, may exist in the broader ecosystem but are not consistently surfaced or routable as part of a single statewide “next steps” pathway. In other words, the tiering challenge is less that Kansas lacks structure altogether and more that the structure is not yet presented as one coherent ladder with predictable eligibility rules, consistent access routes, and clear handoffs across partners.

Taken together, the scan suggests that the key question is no longer simply whether Kansas has workforce supports in place, but whether the current mix of supports is broad enough, strong enough, and coherent enough to meet provider needs across settings. Kansas has made meaningful progress in building infrastructure, testing new approaches, and expanding the range of available resources. At the same time, the scan indicates that providers may still experience the system as thin, fragmented, or difficult to use in practice, especially when they need sustained help rather than a single resource or entry point. The next two sections therefore focus on two related issues: whether supports are reaching providers consistently across settings and regions, and what early participation or uptake signals suggest about which supports appear most practical and most valued.

Geographic coverage and fit across provider settings

The cross-cutting access issue is not simply where supports are located; it is whether providers can realistically use a coherent statewide package of higher-intensity supports. To avoid repeating the same access barriers in each resource category, the table below summarizes the main feasibility issues and design implications by provider context.

Provider context	Common access barriers	Design implication
Family child care and sole operators	Time away from care, substitute coverage, paperwork, revenue loss, limited administrative capacity	Use low-burden formats, simple applications, predictable scheduling, and substitute or closure relief when training, coaching, or documentation is required.
Center-based programs	Ratio coverage, director-mediated communication, uneven staff-level access to benefits or incentives	Route information to both directors and classroom staff, and pair participation expectations with staffing relief where needed.
Rural providers	Travel time, fewer local offerings, broadband constraints, fewer local peers or intermediaries	Use hybrid delivery, regional partner models, trusted local navigators, COE/local coalition relationships, and clear statewide routing so access does not depend on local density alone.
License-exempt and informal home-based care	Unclear eligibility, fewer formal entry points, limited visibility in data systems	Offer plain-language eligibility labels and an optional low-burden safety-and-quality on-ramp that does not assume facility-level participation.

Place-based initiatives such as Child Care Zones, COE-supported community work, and local coalitions remain useful pilots and learning grounds, but the broader system implication is a stronger statewide baseline: clearer access routes, durable coaching and technical assistance, reliable operational relief, accreditation-readiness support where applicable, and financial or benefits supports that providers can realistically use across settings. Detailed Zone and COE/local coalition examples are retained in the the Operational relief and business supports section (p. 23) and the Appendix B. Place-based strategy matrices (Child Care Zones and COE/local coalition infrastructure) section (p. 43) rather than repeated here.

Early outcome/use signals

The strongest early signals in the scan come from initiatives that track utilization and/or capture provider-reported usefulness in ways that can be summarized consistently. These signals are concentrated in supports that provide tangible relief and therefore lend themselves to clear participation metrics. For example, stipend and incentive models such as Baby Steps and substitute coverage initiatives generate measurable reach indicators, including participants served, dollars distributed, hours of coverage provided, and in some

cases geographic footprint. Even without making impact claims, these measures provide practical insight into what providers do with resources when barriers are reduced: stabilizing income, sustaining infant and toddler supply, or securing coverage that makes it possible to participate in training and coaching.

Benefits-navigation and reimbursement models also produce relatively interpretable signals when they clearly report participation and reimbursement patterns. Thrive Allen County is one example of a model that pairs a provider-facing description with participation and reimbursement information, which strengthens transparency and makes it easier to learn what it takes to implement benefits supports in a way that providers can actually use. In the scan, this kind of model functions as both a support and an implementation case: it offers an observable structure, combining navigation and reimbursement, and a trackable record of uptake.

Well-being supports show up as early signals primarily through participation and reach documentation rather than outcome metrics. PDG-related materials reference multiple workplace wellness and mental health-related trainings and initiatives, including offerings facilitated by the Kansas Association for Infant and Early Childhood Mental Health. These counts matter because they indicate demand and engagement, but they are less informative about sustained change unless paired with more consistent follow-up measures, such as whether providers report reduced stress, stronger intent to remain in the field, or greater use of supports over time.

Across all categories, the scan treats utilization and participation data as prioritization signals rather than impact estimates. They are still decision-relevant because they help Kansas distinguish supports that are actively used and measurable from supports that may be valuable but are not consistently tracked or visible. At the same time, the broader takeaway is that strong uptake in selected programs should not be confused with a fully adequate statewide support system. A program can be clearly useful and still exist within a landscape that remains too thin overall. The main implication, then, is twofold: Kansas should continue learning from supports that show clear participation and practical value, and it should use those lessons to build a stronger, more dependable statewide package of assistance. That means not only tracking what providers use but also identifying where the current menu of supports is still too limited, too short-term, or too difficult to access to meet workforce needs at scale.

Quality and safety alignment

Kansas has multiple quality and safety anchors within its workforce system, including licensing and regulatory oversight, the Career Pathway and Core Competencies, Links to Quality, and accreditation standards for programs that pursue national accreditation or use accreditation standards to strengthen practice. L2Q already provides a quality-improvement pathway for licensed programs. Accreditation should be understood as a

complementary quality pathway for some programs, not a replacement for L2Q or licensing. EHS-CC Partnerships also contribute to quality and safety alignment by connecting child care settings with Early Head Start standards, infant-toddler practice expectations, comprehensive family supports, and continuous improvement routines. The next opportunity is to make the supports around these pathways easier to see: which resources help with which quality goals, who can make the referral, and what providers can use before, during, and after L2Q participation or accreditation-readiness work.

The access barriers summarized in the Geographic coverage and fit across provider settings section (p. 28) explain why quality supports can be hard to use. This section focuses on the alignment question: how Kansas can make training, coaching, consultation, accreditation-readiness assistance, operational relief, business support, and community supports clearly visible as part of one L2Q-aligned Quality Pathway rather than separate or competing routes.

Opportunities to strengthen quality and safety alignment include:

- Build from the CQI, self-assessment, and goal-setting functions already embedded in L2Q and connect them more explicitly to CCA-KS QIC services, ITSN, KCCTO financial supports and scholarships, partner-provided coaching and TA, Cape, COE, accreditation-readiness supports, and provider feedback loops.
- Name accreditation support explicitly as a complementary quality-improvement pathway and clarify which existing training, coaching, business support, and operational relief resources can help programs use accreditation standards or pursue accreditation.
- Pair operational relief supports (especially substitutes and CCMS/business supports) with clear orientation and baseline safety expectations so relief makes participation in training, coaching, and L2Q more feasible.
- Create an optional quality-and-safety on-ramp for license-exempt caregivers and FFN caregivers that builds on low-burden models such as Supporting Care Providers of Kansas, offers training and guidance, and connects caregivers to longer-term pathways when desired.
- Align incentives and tiering with L2Q-aligned, verifiable quality and safety milestones while keeping requirements realistic for family child care and rural providers.
- Ensure data and feedback loops can be segmented by provider type and geography so Kansas can see where quality and safety supports are (and are not) reaching providers.
- Identify a Phase 2 L2Q resource-to-indicator crosswalk designed as a practical provider/coach tool that maps existing resources to L2Q indicators, names the likely

entry point for each resource, flags related accreditation standards where useful, and identifies gaps where providers need more support.

- Include EHS-CC Partnerships in the Phase 2 L2Q resource-to-indicator crosswalk where relevant, especially for infant-toddler indicators, family engagement, developmental screening, comprehensive services, and coaching/TA connections.

In short, Kansas has many useful supports, but providers do not yet always experience them as one connected pathway. The next design task is to strengthen the statewide baseline so navigation, tiering, operational relief, business supports, accreditation readiness, and L2Q-aligned practice improvement work together for family child care, centers, and license-exempt settings. The section below translates that finding into system-design implications.

Implications for strengthening the workforce support system

Kansas has made real progress in building a stronger child care workforce support system, including shared infrastructure, statewide entry points, relationship-based supports, and initiatives focused on recruitment, retention, and provider stability. The issue is less a lack of activity than a need for better alignment: clearer navigation, stronger continuity across programs, and a more visible connection between operational supports and L2Q-aligned practice improvement.

Priority opportunities by support category

- **Career growth framework: fund the pathway**
  Kansas has made progress building a Career Pathway structure, but the scan suggests a key missing piece is sustainable funding that attaches meaningful, predictable value to pathway levels (for example, wage supplements, bonuses, or benefit supports linked to advancement). This is less a design gap than a resourcing gap: the pathway can describe progression, but it cannot yet operate as a strong retention and quality lever at scale without ongoing investment. The opportunity is to clarify the long-term funding vision for pathway-linked incentives and define what could be implemented in phases as resources allow, with a focus on progression toward stronger safety and higher-quality practice (not only “getting bigger” as a business goal).

- **Professional development: move from "training exists" to "clear, statewide access logic"**
  Kansas does not currently offer broad training reimbursement as a standard statewide benefit (for example, travel, coverage, or fee reimbursement), but the scan confirms that Kansas does offer subsidized training through structured supports. For example, Kansas Child Care Training Opportunities (KCCTO) publicly describes financial supports to help cover costs for approved training and professional education requirements. The opportunity is to make this offer more transparent, consistent, and easier to use by clarifying what is subsidized, who qualifies, and how providers and professionals identify and sequence training through a single statewide pathway, consistent with the state's broader consolidation intent. This is especially important for family child care and rural professionals, where time away from the program, substitute coverage, and travel or broadband constraints are often the main barriers to sustained participation.

- **Education financing: increase uptake of existing options**
  The scan suggests Kansas has education financing tools that could play a larger role in workforce development if awareness and routing improve. The Kansas Promise Act Scholarship is one example that can support eligible programs at participating institutions; the opportunity is to confirm which early childhood/child care–aligned programs are eligible and then reduce underutilization by strengthening advising and referral pathways through the workforce system (rather than creating a new scholarship structure).

  Kansas also invests in CDA-related education pathways through KCCTO offerings and supports; one public entry point is KCCTO's CDA portfolio training and related CDA information pathways. The opportunity is to treat CDA and two-year degree financing as part of one coherent "earn-and-learn" progression with clear next steps, rather than separate, parallel offerings that depend on who a person happens to talk to first.

- **Coaching and CQI: strengthen the "learning loop" using tools Kansas already has**
  Kansas has starting points for continuous improvement and workforce sensemaking, including L2Q goal-setting and CQI processes, the Individualized Professional Development Plan, annual workforce listening/survey work, and provider feedback gathered through regional partners. The opportunity is to connect these mechanisms more explicitly: providers identify needs and goals, supports are routed accordingly, and system partners review patterns on a predictable cadence to adjust offerings and investments.

A related opportunity is to clarify how quality signals are understood across systems without duplicating L2Q. If incentives and tiering are intended to support quality, providers should be able to see how the requirement connects to L2Q indicators, what support is available to meet it, and how progress will be recognized.

- **Registered apprenticeship: clarify feasibility constraints before building a new offering**
  The scan surfaced interest in registered apprenticeship as a workforce strategy, but also a Kansas-specific constraint: apprenticeship is difficult to implement in child care if wages are not sufficient to support "earn while you learn" participation. Kansas does have apprenticeship infrastructure and points of contact (see Kansas Apprenticeship), so the opportunity is not to build infrastructure from scratch, but to explicitly assess feasibility for child care and clarify whether the primary constraint is wages, employer capacity, or program administration. If wage feasibility is the limiting factor, Kansas may be better served by focusing first on compensation and subsidy-related levers that stabilize the base before pursuing apprenticeship expansion.

- **Quality and safety: make the practice improvement pathway explicit and feasible**
  The system-design implication is to make the L2Q-aligned practice-improvement pathway visible and feasible, while also naming accreditation as a complementary pathway for programs that choose it. The Strengthen L2Q alignment and prepare a Phase 2 resource-to-indicator crosswalk section (p. 37) carries the full recommendation; here, the key design choice is to pair operational relief, business supports, coaching, consultation, incentives, and accreditation-readiness assistance with realistic L2Q-aligned milestones so providers can move from stabilization toward stronger safety and quality practice. EHS-CC Partnerships should be explicitly named as one mixed-delivery quality pathway that can support infant-toddler providers through coaching, comprehensive services, family engagement, and alignment with higher-quality practice expectations. The design opportunity is to clarify how EHS-CC connects with L2Q, ITSN, QIC, Cape, KCCTO supports, accreditation-readiness resources, and local referral pathways.

Select system features to consider

The scan suggests Kansas does not need to import entire programs from other states to strengthen its workforce support system. Before recommending new pilots, Kansas should first check whether a similar support already exists locally, regionally, or through a partner and determine whether the need is to connect, sustain, or scale an existing support. The most useful outside lessons are borrowable design features: defined navigation or advising roles, consistent coaching expectations, predictable compensation or stabilization

structures, explicit benefits supports, accreditation-readiness supports, and shared indicators for pilots. Consolidating those examples here avoids repeating state comparisons in each resource category.

- **Publish a clear statewide progression that shows what comes next by role and setting.**
  One of the most consistent themes across the scan is that providers and professionals often cannot see a clear progression that answers "what comes next?" for their role, setting, or experience level. A simple statewide progression framework should build from existing L2Q, Cape, Child Care Aware of Kansas QIC services, KCCTO Workforce Development, ITSN, COE, accreditation pathways, and Career Pathway structures rather than creating a new track.

- **Use standardized self-assessment and goal-setting tools to strengthen coaching and professional learning.**
  Kansas already has pieces of this infrastructure in place, including L2Q self-assessment and goal setting, the Individualized Professional Development Plan, QIC coaching, accreditation standards for programs pursuing accreditation, and ongoing workforce feedback mechanisms. The opportunity is to strengthen data sharing, referral connections, and system routines so these tools work as one learning loop, without assuming that Kansas must build a single new data system.

- **Establish consistent evidence indicators for pilots and place-based initiatives.**
  Kansas has invested in place-based strategies such as Child Care Zones, COE-supported community work, local coalitions, and other pilot efforts that intentionally test different bundles of supports across regions. Before creating new place-based strategies, Kansas should conduct a quick gap-and-duplication scan to identify whether a similar support already exists locally, regionally, or through a partner and whether the priority is connection, sustainability, or scale. A borrowable system feature is not the strategy itself but the learning infrastructure behind it: a shared set of indicators reported across initiatives that allow the state to compare results and make decisions about what to sustain, scale, redesign, or sunset. Without this shared measurement structure, the system risks relying on anecdote or volume rather than consistent evidence when determining what works best for providers and professionals.

  Taken together, these design features reinforce a consistent direction: make supports easier to navigate, make eligibility and sequencing transparent by provider type and role, and use common indicators so Kansas can learn what to sustain, scale, and improve over time.



Recommendations

Reduce fragmentation

Reduce fragmentation by making navigation and terminology consistent across entry points and partners.

- Define a clear “no wrong door” navigation model with warm-handoff expectations across four categories: statewide platforms and systems (Cape, L2Q, licensing, subsidy, KSFM/fire-life-safety, and TOOTRiS/WLS); Child Care Aware of Kansas/CCR&R services (Provider Support Center, QIC, QIC Learning Community Meetings, COE, and GO Team); workforce and specialized supports (KCCTO Workforce Development, KCCTO financial supports, EHS-CC Partnerships where available, ITSN, and accreditation-readiness resources); and local/regional/community partners, including coalitions and FFN supports such as Supporting Care Providers of Kansas where applicable.
- Standardize a shared taxonomy and plain-language terminology (including provider-type labels and “eligible/not eligible” language) so providers see the same categories, definitions, and expectations regardless of where they enter.
- Publish and maintain a provider-facing “Where to start” decision tool that is organized by provider goal rather than by organization name. The tool should label whether each next step is a platform/system, a service, a community partner, a state requirement, or a provider-facing information source, and should show the warm-handoff route for each.

Refine tiering across supports

Refine tiering so providers can see how supports sequence and intensify over time—and how tiering applies by provider type and stage.

- Build from existing pathways and structures outlined in L2Q, Cape, CCA-KS QIC services, KCCTO financial and training/coaching supports, ITSN, EHS-CC Partnerships, COE, accreditation pathways, and Career Pathway structures to publish a clear statewide tiering model that shows multiple pathways by role, setting, and provider experience and distinguishes baseline supports, improvement supports, and intensive or sustained supports without duplicating L2Q.
- Publish transparent "tier triggers" and routing logic so providers understand what they can access now and what becomes available next; include examples for both individual-level and program/business-level supports.
- Align incentives, benefits supports, operational relief, business supports, accreditation-readiness supports, and TA/coaching intensity with tier progression where feasible and make clear how these supports help providers move toward L2Q-aligned quality and safety improvement, not only growth in size.

Sustain and scale what works

Sustain and scale high-value supports that providers use and report as helpful, while reducing churn from time-limited pilots.

- Prioritize sustainability pathways for high-leverage stabilization and operational-relief supports with strong demand, including substitutes, benefits access supports, infant/toddler stabilization, CCMS/business supports, and related quality-and-safety guardrails.
- Stabilize the practice-improvement backbone - L2Q, CCA-KS QIC services and Learning Community Meetings, ITSN, KCCTO financial and training/coaching supports, Cape, accreditation-readiness supports, and related coaching/consultation pathways - so providers can access supports with sufficient intensity and follow-through.
- Use COE, local coalitions, Child Care Zones, and other place-based strategies as a structured learning-and-replication engine: first identify whether similar supports already exist locally or through partners, then define which strategies warrant statewide scale, which should remain locally tailored, and how Zone-tested supports and COE infrastructure connect back to statewide systems such as Cape and Links to Quality.

Build a continuous "sensemaking" cycle to assess effectiveness and alignment with provider-defined needs

Create a continuous learning cycle so Kansas can make more confident keep, scale, redesign, or sunset decisions based on provider-defined needs and consistent evidence.

- Develop a simple evidence dashboard for each major support, including state-funded and partner-delivered offerings, using a shared set of indicators: reach, distribution across provider types and regions, engagement or dosage, provider-reported usefulness, and one or two practical outcome proxies.
- Ground the learning cycle in provider-defined needs through a regular "voice of provider" process and routine analysis by provider type, stage, and geography.
- Conduct an annual keep, scale, redesign, or sunset review for major offerings using the same indicators across programs to support clearer decisions and reduce initiative churn.
- Publish a brief annual update summarizing what Kansas learned and what it changed so the system remains transparent, adaptive, and easier for providers to navigate.

Strengthen L2Q alignment and prepare a Phase 2 resource-to-indicator crosswalk

Use L2Q as the organizing quality-improvement pathway for licensed programs and prepare a Phase 2 product that functions as a practical provider/coach tool, not only an internal system map. The product should help a provider or coach quickly identify which support helps with which L2Q goal, who can help access it, and where accreditation standards may be relevant for programs pursuing accreditation.

- Develop a provider-facing "Quality Pathway" guide showing how CCA-KS QIC services, ITSN, EHS-CC Partnerships, KCCTO financial and training/coaching supports, Cape, COE, GO Team, CCR&R partners, substitutes, business supports, financial supports, Supporting Care Providers of Kansas for FFN caregivers where eligible, and accreditation-readiness supports connect to L2Q participation.
- Create a resource-to-indicator crosswalk for L2Q that identifies which existing supports can help providers work toward each major indicator area, where the support is accessed, who can help with the warm handoff, whether the support is statewide, regional, or time-limited, and whether related accreditation standards should be noted.

- Use the crosswalk to identify practical gaps in supports for L2Q participants, especially family child care, rural providers, and programs that need operational relief before they can participate consistently in coaching or training.
- Treat this as a Phase 2 scan product if indicator-level detail cannot be completed within the current report timeline and design it for provider/coach use from the start.

Implementation roadmap

The steps below outline a practical sequence for strengthening coherence without creating additional fragmentation. Timelines are illustrative; specific sequencing can be adjusted based on funding, partner capacity, platform transition plans, and the KDHE-to-KOEC transition.

Phase 1 (0 to 6 months): Clarify and consolidate

- Publish and socialize a single, provider-facing "Where to start" tool that routes by provider type, role, and goal; distinguishes platforms/systems, services, community partners, and state requirements; and uses shared plain-language terminology and consistent eligible/not eligible labels across partners and websites.
- Confirm and document the statewide tiering model (baseline, improvement, intensive/sustained), draft tier triggers by licensing stage and setting, and make clear how the model builds from L2Q rather than duplicating it.
- Define a shared set of core indicators (reach, coverage, engagement/dosage, provider usefulness, and referral completion) and a minimal data-sharing approach so statewide, accreditation-related, and place-based supports can be compared without requiring a single new data system.
- Create an OEC/child care system map showing what falls under KOEC/OEC and which related entities influence child care but sit outside the office, such as KSFM, zoning, taxes, insurance, and local building/fire authorities.
- Add quality-and-safety guardrails to staffing-relief supports, especially substitutes, including standardized orientation expectations and baseline safety training guidance.
- Clarify how TOOTRiS (formerly WorkLife Systems/WLS) fits within the broader provider and family navigation ecosystem, including its relationship to CCR&R referral workflows, provider search functions, family access, and statewide "where to start" tools.

Phase 2 (6 to 18 months): Build and align pathways

- Implement warm-handoff workflows across front doors grouped by type: statewide platforms/systems (Cape, L2Q, licensing/KOEC transition points, subsidy, KSFM); Child Care Aware of Kansas/CCR&R services (Provider Support Center, QIC, COE, GO Team); workforce and specialized supports (KCCTO Workforce Development, KCCTO financial supports, ITSN, accreditation-readiness supports); and local/regional/community partners, including Zones, local coalitions, and FFN supports where applicable.
- Strengthen the professional learning pathway so training discovery and planning are predictable statewide; ensure that interim guidance is clear during platform transitions.
- Expand access to practice-focused supports with sufficient intensity, including L2Q, QIC coaching, KCCTO training, ITSN consultation, and other CQI supports, with formats that work for licensed family child care and rural providers.
- Pilot or scale an optional "safe care starter" on-ramp for license-exempt and FFN caregivers that builds from existing supports such as Supporting Care Providers of Kansas, offers low-burden training and guidance, and connects to longer-term pathways when desired.
- Test alignment of incentives and operational relief supports with L2Q-aligned quality-and-safety milestones, ensuring providers have access to the supports needed to meet milestones.
- Develop the Phase 2 L2Q resource-to-indicator crosswalk and a plain-language Quality Pathway guide for provider-facing and coach-facing use, including related accreditation standards where applicable.
- Clarify how EHS-CC Partnerships connect to L2Q, ITSN, QIC, Cape, KCCTO supports, accreditation-readiness resources, and local referral pathways, especially for infant-toddler providers and programs serving families with comprehensive service needs.

Phase 3 (18 to 36 months): Sustain and scale

- Scale Zone-tested, COE-supported, coalition-supported, and other place-based strategies with demonstrated demand and usefulness through a replication package that includes core components, implementation supports, a gap/duplication check, and required connections to statewide systems.
- Secure sustainable funding pathways for high demand supports (substitutes, benefits navigation/reimbursement, infant/toddler stabilization) and clarify which supports are statewide baselines versus enhancements.

- Institutionalize the annual keep/scale/redesign/sunset process and publish a brief annual “what we learned and what we changed” update.
- Refine tiering and navigation tools based on data and provider feedback, with ongoing segmentation by provider type and geography.

Appendices

Appendix A.
Data sources, contributions, and guiding question themes supported

Data source	What it contributes to the scan	Themes supported
Technical Assistance (TA) records from Child Care Aware of Kansas/CCR&R pathways (where available)	Provider-requested topics and needs; volume, intensity, and repeat engagement; patterns by provider type and geography; identification of common operational, business, quality, and workforce challenges. Confirm current data owner, access rules, and any public URL or internal reference during final validation.	Themes 1, 2, 3, 4
Centers for Family Resources data (partner-maintained referral/navigation data)	Referral pathways and navigation patterns; provider and family touchpoints; insights into where access works well and where connection to services breaks down. Confirm the administering organization, dataset definition, and citation/URL before final publication.	Themes 2, 3, 4
Child Care Aware of Kansas administrative data	Training participation and completion; coaching, QIC, technical assistance, COE, GO Team, and provider support activity where available; regional service delivery models and provider support activity.	Themes 2, 3, 4
KCCTO workforce surveys and workforce study reports (e.g., Your Voice Counts, Comprehensive Workforce Study)	Provider-reported needs, participation barriers, compensation and benefits access, and workforce perceptions related to professional development and career pathways	Themes 1, 3, 4
PDG B-5 Annual Performance Progress Report (APPR) narrative and metrics	System design context; descriptions of funded workforce initiatives and pilots; participation counts and early implementation signals; identification of program gaps versus measurement gaps	Themes 1, 2, 4
Child Care Zones documentation and landscape brief	Description of place-based strategies and pilot models; regional bundles of supports; intended mechanisms and sustainability planning	Themes 1, 2, 4
Cape workforce registry documentation and professional development planning tools	Structure of the statewide workforce registry and professional development tracking system; intended role as a centralized hub for training discovery and career pathway navigation	Themes 1, 2, 3

Appendix A (cont.)

Data source	What it contributes to the scan	Themes supported
KDHE Child Care Licensing guidance and regulatory review materials	Licensing pathways, regulatory context shaping provider entry and participation, and documentation of system improvement efforts affecting provider experience	Themes 1, 2, 3
Provider-facing portals and navigation hubs (Child Care in Kansas, All In For Kansas Kids, Provider Support Center)	Public-facing entry points for workforce supports; navigation structure; visibility and accessibility of information for providers and professionals	Themes 2, 3
Child Care Resource and Referral partner offerings (coordinated through Child Care Aware of Kansas), including Child Start, Child Care Aware of Eastern Kansas, and Futures First	Regional variations in supports; partner-specific entry points; local service delivery capacity and referral relationships	Themes 2, 3, 4
Early Childhood Block Grant grantee program offerings	Locally delivered workforce supports and innovations funded through ECBG; service availability and variation across communities	Themes 1, 2, 4
Administrative reports and program materials from specific workforce initiatives (e.g., Baby Steps, Thrive Allen County benefits model, substitute initiatives)	Participation counts, reimbursement patterns, and other early implementation indicators used as descriptive signals of reach and provider engagement	Themes 1, 2, 4
EVS resource inventory spreadsheet developed for the scan	Consolidated directory of workforce supports with standardized fields for eligibility, access pathways, intensity, and geography; used for categorization and completeness cross-checks	Themes 2, 3, 4
Other locally initiated or partner-funded supports identified through document review and validation	Captures non-state-funded, informal, accreditation-related, community coalition, FFN, or relationship-based supports to improve completeness and clarify coordination, funding, or visibility gaps.	Themes 1, 2, 3, 4

Appendix B. Place-based strategy matrices (Child Care Zones and COE/ local coalition infrastructure)

This appendix includes the Child Care Zones strategy matrix and a companion matrix for COE/local coalition infrastructure so place-based strategies are presented more comprehensively.

This table summarizes the strategy bundles described in the Child Care Zones landscape brief. Strategies are underway and may evolve over the course of the grant period.

Zone counties	Key strategies (as described in the Zones brief)
Kingman, Harper, Comanche, Morton, and Kiowa	· Recruitment and retention bonuses supporting licensed providers · Operational assistance (funding connections, facilities support, small-scale renovation) · Child care liaison role (quality improvement and technical assistance coordination) · Employer engagement (tax credits and public/private partnership models)
Labette, Neosho, Crawford, and Allen	· Family Forward navigator (family-friendly policies; drop-in care pilot) · Regional substitute pool (shared scheduling, payroll, and quality systems) · Quality Classrooms Initiative (mobile sensory lending library across three counties) · Career pathway expansion (Allen Community College + registered apprenticeships; hybrid courses; laptop access)
McPherson and Marion	· Mentorship and substitute networks (peer learning and workforce stabilization) · Extension agents as workforce registry ambassadors · Coordinated hub planning (streamlined operations, data management, purchasing) · Infant/toddler incentive expansion and multi-site small center pilot (use of community spaces)
Salina, Ellsworth, and Harvey	· Centralized administration hub (shared bookkeeping, payroll, business support) · Non-traditional hour incentives (evening/weekend/overnight care) · Wage supplement grants (in-home providers and centers) · Benefits expansion (earn more; mobile health care access; gym memberships)
Geary and Dickinson	· Extended care pilot (expanded morning/evening/overnight hours; budgeting/ marketing tools) · Employer-sponsored child care cooperatives (shared investment models) · Universal Pre-K curriculum alignment with public school districts · Sustained administrative coordination (expanded staffing; Live Well Geary County partnership)
Stafford and Rice	· Strengthening school district partnerships to launch licensed, in-school child care programs · High school-to-career pathways (early childhood learning opportunities for local students) · Regional substitute provider network (coverage to help facilities stay open) · Employer engagement and endowment fund (regional childcare endowment for sustainability) · Financial supports for providers (address health and safety needs)
Cowley, Elk, Chautauqua, Sumner, and Montgomery	· Establishment of regional hub (professional development and resource navigation) · Entrepreneurial support and provider capacity-building (licensing, shared resources, marketing) · Economic development partner support (expand workforce and existing programs) · Early Years Village in each county (communication and support between providers and families)

Appendix B (cont.)

COE/local coalition infrastructure matrix

Place-based infrastructure component	What it contributes	Connection to provider-facing supports
Child Care Aware of Kansas Community Outreach and Engagement (COE)	Grassroots community-capacity support, one-on-one work with communities, coalition development, local problem-solving, and help identifying what communities need to build or sustain child care capacity.	Supports warm handoffs to the appropriate provider-facing service, such as GO Team for start-up/expansion, QIC for quality and business supports, L2Q for CQI, KCCTO/ITSN for workforce and specialized supports, and local resources.
Local coalitions / Communities in Action	Local relationship infrastructure that helps communities understand child care supply, workforce needs, employer roles, facilities barriers, and sustainability options.	Can identify provider needs and route providers to statewide and regional supports while also surfacing local gaps that may not appear in administrative datasets.
GO Team and local start-up/expansion partners	Hands-on navigation for prospective, new, or expanding providers, including connections to licensing, fire/life-safety, business resources, facilities, and local partners.	Complements COE by focusing on provider-specific start-up and expansion needs and connecting providers to QIC, business supports, licensing, and other next steps.
QIC/L2Q/business support handoffs	Provider-facing quality improvement, business support, and CQI assistance that can translate community capacity work into concrete program-level supports.	Ensures that place-based strategies connect back to L2Q, Cape, business supports, accreditation-readiness resources, and provider/coach tools rather than remaining separate local efforts.

Appendix C. 3-tier crosswalk

Tier	What it looks like	Who it most consistently reaches	Examples in Kansas (illustrative, not exhaustive)	Common eligibility triggers / access routes
Baseline (universal information + orientation)	Self-serve information; Orientation to requirements; Basic resource directories; General training discovery.	Most providers, but especially those who are already online and know where to look	State/provider entry pages and resource supports such as Child Care Aware of Kansas, Child Care in Kansas, All In For Kansas Kids workforce pages, the Child Care Aware of Kansas Provider Support Center, and introductory use of Cape as a registry/PD tracking portal; basic accreditation and FFN information where applicable.	Open access; providers self-initiate; sometimes routed through licensing and partner communications
Enhanced (structured participation + planned growth)	Planned professional development; Coaching/TA that may be episodic-to-ongoing; Clearer "next steps" for improvement.	Licensed providers and professionals connected to L2Q, Child Care Aware of Kansas QIC services, KCCTO Workforce Development, ITSN, COE, accreditation-readiness pathways, or other relationship-based supports; directors, family child care operators, and staff with access to training time. Early Head Start–Child Care (EHS-CC) Partnerships where available; mixed-delivery partnership supports connecting child care providers to Early Head Start quality expectations, comprehensive family supports, coaching, and infant-toddler practice supports.	Training participation and PD planning through Cape; KCCTO Workforce Development and financial supports; Child Care Aware of Kansas QIC coaching and Learning Community Meetings; structured quality engagement through Links to Quality (L2Q); ITSN consultation; accreditation-readiness supports where available; peer learning supports such as CCPC and local coalitions.	Often tied to licensure and/or voluntary enrollment; referral via QIC, CCR&R, COE, GO Team, Provider Support Center, KCCTO/ITSN, or local partners; time and coverage are practical triggers.
Intensive (sustained relief + high-touch support)	Ongoing, higher-dollar or higher-touch supports; Operational relief; Benefits reimbursement; Bundled place-based strategies.	Providers in targeted initiatives/regions; often strongest where place-based infrastructure, COE/local coalition capacity, Zone implementation, or partner capacity exists.	Baby Steps stipend model (CCAKS infant/toddler expansion support); region-specific benefits models such as Thrive Allen County health insurance reimbursement; substitute initiatives such as NWKECI Child Care Substitute Initiative and FCC substitute scholarship approaches; place-based bundles through Child Care Zones; COE/local coalition supports; accreditation-readiness or business supports where available.	Typically targeted by geography (Zone footprint), provider type, readiness, or program participation; application/referral common; capacity constraints (substitute supply, partner staffing, local coalition capacity) shape access.

Appendix D. Resource List

Type of support	Resource	What it helps with	Primary audience / provider type	Link
Navigation/ statewide information hub	Child Care Aware of Kansas (CCAKS)	Statewide child care information, CCR&R network coordination, provider and community resources, and connection to CCAKS services and supports.	Providers, professionals, families, communities, and partners	https://ks.childcareaware.org/
Navigation / front door	Child Care Aware of Kansas (CCAKS) Provider Support Center	General navigation, warm handoffs, help finding the right next support	All providers and professionals	https://ks.childcareaware.org/provider-support-center/
Workforce registry / PD hub	Cape	Training discovery, tracking, professional development planning	Child care professionals, providers, directors	https://www.yourcape.org/
PD planning tool	IPDP	Individualized professional development planning	Child care professionals, providers, directors	https://www.yourcape.org/individualized-professional-development-
Training / PD access	Training calendar and registration in Cape	Training discovery, registration, and tracking through Cape; partner pages may still provide navigation links	Providers and workforce participants seeking training	https://www.yourcape.org/
Quality improvement / CQI	Links to Quality (L2Q)	Program-level quality improvement, recognition, coaching/ goal-setting pathway, and quality indicator support	Licensed child care programs, including centers and licensed family child care	https://ks.childcareaware.org/l2q/
Licensing / start-up / compliance	KDHE Child Care Licensing	Licensing requirements and regulatory guidance	Prospective and licensed providers	https://www.kdhe.ks.gov/280/Child-Care-Licensing
Licensing / forms	KDHE Forms and Applications	Licensing paperwork and applications	Prospective and licensed providers	https://www.kdhe.ks.gov/286/Forms-Applications
Licensing / toolkit	KDHE Child Care Licensing Toolkit	Step-by-step licensing support	Prospective and early-stage providers	https://www.kdhe.ks.gov/DocumentCenter/View/28920/Child-Care-Licensing-Toolkit-V8-PDF
Licensing / provider-parent info	KDHE Provider and Parent Resources	Additional licensing-related support information	Providers and families	https://www.kdhe.ks.gov/351/Provider-Parent-Resources

Appendix D (cont.)

Type of support	Resource	What it helps with	Primary audience / provider type	Link
Subsidy / provider participation	DCF Child Care Providers	Child Care Assistance participation guidance	Subsidy providers / prospective subsidy providers	https://www.dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareProviders.aspx
Subsidy / payment information	DCF Provider Rate Chart	Reimbursement/ payment rates	Subsidy providers	https://content.dcf.ks.gov/ees/KEESM/Appendix/C-18_ProviderRateCht.pdf
Exempt-from-licensing guidance	DCF KEESM exempt care guidance	Clarifies exempt care categories and examples	Exempt / license-exempt care arrangements	https://content.dcf.ks.gov/ees/keesm/current/keesm10022.htm
Operational relief / substitute support	Family Child Care Substitute Scholarships	Helps family child care providers develop/afford substitutes	Family child care providers	https://ks.childcareaware.org/wp-content/uploads/2024/07/CCAKS-FCC-Sub-Information.pdf
Operational relief / substitute support	NWKECI Child Care Substitute Initiative	Regional substitute access and staffing relief	Regional centers and home-based providers	https://nwkeici.org/childcare-substitute-initiative/
Operational relief / substitute support	Customized Early Education Substitute Program Flyer	Information about substitute staffing support	Programs needing temporary staffing relief	https://ks.childcareaware.org/wp-content/uploads/2024/07/CEE-Center-Sub-Flyer.2.24.pdf
Operational relief / substitute support	Customized Early Education	Substitute staffing program	Programs and home providers with staffing shortages	https://customizedearlyeducation.com/homepage/
Place-based / regional support	Child Care Zones Overview	Regional bundles of supports, incentives, substitutes, hubs	Providers in Zone counties / regional users	https://allinforkansaskids.org/communities/child-care-initiatives/#zones
Place-based / regional support	Child Care Zones Landscape Brief	Detailed zone-by-zone strategy bundles	Policymakers, intermediaries, providers in Zone areas	https://allinforkansaskids.org/wp-content/uploads/2025/12/cczones_fall2025.pdf
Place-based / regional support	All In For Kansas Kids Zones Page	Public-facing information about Zones	Broad audience	https://allinforkansaskids.org/child-care-zones/
Community support infrastructure	Child Care Aware of Kansas Community Support Center	Local community partnerships, COE supports, coalition development, navigation, and community capacity building	Communities, partners, providers needing local support	https://ks.childcareaware.org/community-support-center/

Appendix D (cont.)

Type of support	Resource	What it helps with	Primary audience / provider type	Link
Peer support / professional community	Child Care Providers Coalition of Kansas (CCPC)	Peer support, provider voice, communities of practice	Family child care providers	https://www.ccpcofks.com/
Regional CCR&R partner / navigation	Child Start	Local navigation and support delivery	Regional providers	https://childstart.org/
Regional CCR&R partner / navigation	Child Care Aware of Eastern Kansas	Local navigation and support delivery	Regional providers	https://east.ks.childcareaware.org/
Regional CCR&R partner / navigation	Futures First	Local navigation and support delivery	Regional providers	https://futuresfirstkc.org/
Regional CCR&R directory	Local CCR&R Agencies page	Current list of local agencies and service areas	Providers seeking local partner support	https://ks.childcareaware.org/local-ccrr-agencies/
Workforce / professional growth info	All In For Kansas Kids workforce pages	Professional growth and workforce-facing information	Child care workforce and partners	https://allinforkansaskids.org/workforce/professional-growth/
Navigation / start-up support	GO Team	Start-up and expansion navigation; connects providers to resources, partners, and next steps	Prospective, new, and expanding providers	https://ks.childcareaware.org/go-team/
Quality improvement / coaching	Child Care Aware of Kansas Quality Improvement Coaching (QIC) services	Coaching, technical assistance, business support, professional development support, and referrals into L2Q and related resources.	Licensed providers, directors, family child care operators, and educators	Contact through regional CCR&R/Child Care Aware of Kansas pathways
Quality improvement / peer learning	Child Care Aware of Kansas QIC Learning Community Meetings	Peer learning, quality-improvement discussion, business/operations discussion where applicable, and connection to coaching/TA resources.	Providers participating in or seeking quality-improvement support	Contact through regional CCR&R/Child Care Aware of Kansas pathways
Training / workforce development	KCCTO Workforce Development	Workforce development, training, professional support, and career pathway-related resources offered through KCCTO Workforce Development.	Child care professionals, providers, directors, and prospective workforce participants	https://kccto.org/

Appendix D (cont.)

Type of support	Resource	What it helps with	Primary audience / provider type	Link
Training / financial support	KCCTO Financial Support	Financial supports to help cover costs for approved training and professional education requirements	Eligible child care professionals and providers	https://kccto.org/financial-support/
Specialized consultation	KCCTO Infant-Toddler Specialist Network (ITSN)	Infant-toddler practice support, consultation, and specialized professional support administered through KCCTO.	Providers serving infants and toddlers	https://kccto.org/itsn/
Financial / workforce stabilization	Grow ECE (Wyandotte County collaboration)	Local workforce support and stabilization strategy administered by CCAKS in collaboration with Futures First	Eligible providers/ professionals in Wyandotte County	Confirm current local access pathway with CCAKS/Futures First
Licensing / fire-life-safety	Kansas State Fire Marshal - Child Care Center guidance	Fire/life-safety guidance for child care centers and facility planning	Prospective and licensed center providers	https://firemarshal.ks.gov/368/Child-Care-Center
Licensing / fire-life-safety	Kansas State Fire Marshal - Home Daycares guidance	Fire/life-safety guidance for licensed day care homes and group day care homes	Prospective and licensed home-based providers	https://firemarshal.ks.gov/212/Home-Daycares
Operational / administrative support	Child Care Management Systems (CCMS)	Administrative tools such as billing, scheduling, enrollment, communication, and business operations support; may connect to QIC, L2Q, shared services, or partner-specific business support pathways.	Providers and programs needing business/ administrative support	Access varies by program, partner, or vendor
FFN / license-exempt support	Supporting Care Providers of Kansas	Low-burden support for Family, Friend, and Neighbor (FFN) child care providers to strengthen safe, stimulating environments, child development, health, safety, nutrition, and school readiness.	Eligible FFN care providers, especially in listed service areas; eligibility requirements apply	https://kpata.org/supporting-care-providers-of-kansas/

Appendix D (cont.)

Type of support	Resource	What it helps with	Primary audience / provider type	Link
Accreditation / quality pathway	Accreditation readiness supports	Support for programs that pursue national accreditation or use accreditation standards to strengthen practice; should be connected to CQI, coaching, business supports, operational relief, and L2Q-aligned goals.	Licensed programs pursuing accreditation or using accreditation standards; access varies by support and partner	Access varies; include in Phase 2 Quality Pathway/ crosswalk
Mixed-delivery / infant-toddler quality partnership	Early Head Start–Child Care (EHS-CC) Partnerships	Connects child care providers with Early Head Start standards, comprehensive family supports, infant-toddler quality expectations, coaching, family engagement, and coordinated service delivery.	Participating child care centers, family child care providers, Early Head Start partners, and families served through partnership models	Confirm Kansas-specific access pathway and local grantee/partner links during final validation
Technology / child care search, referral, program management, and data technology platform	TOOTRiS, formerly WorkLife Systems/WLS	TOOTRiS, formerly WorkLife Systems/WLS	Families, providers, CCR&R partners, employers, and system partners	Confirm Kansas-specific access pathway during final validation

Appendix E. Recommendations implementation matrix

Reduce Fragmentation

Recommendation	What Implementation Looks Like	Lead / Key Partners	Early Indicators
Establish a “no wrong door” navigation model	Providers and professionals can begin at any major entry point, with entry points grouped by type: statewide platforms/ systems; Child Care Aware of Kansas/CCR&R services; workforce and specialized supports; state requirements; and local/ regional/community partners. Referral protocols distinguish the entity from the service being offered.	KOEC/OEC; DCF; Child Care Aware of Kansas and CCR&R partners; Cape administrators; QIC; COE; GO Team; KCCTO; ITSN; KSFM; local coalitions; FFN support partners	Shared referral protocol adopted; partner training completed; reduced provider reports of navigation confusion
Standardize taxonomy and terminology across platforms	Major provider-facing platforms use the same support categories, definitions, and eligibility language. Resources are consistently labeled as individual, program/facility, or hybrid supports.	Office of Early Childhood; state agencies; Child Care Aware of Kansas	Updated terminology guide published; alignment across major websites and PDFs
Maintain a shared “Where to start” navigation tool	The decision tree becomes the standard navigation map used by partners, Zones, COE, QIC, GO Team, and state agencies. It aligns with Cape and L2Q while providing interim guidance during transitions.	Office of Early Childhood; Child Care Aware of Kansas; CCR&R partners	Navigation tool embedded on partner sites; consistent use in provider referrals

Appendix E (cont.)

Refine Tiering Across Supports

Recommendation	What Implementation Looks Like	Lead / Key Partners	Early Indicators
Adopt a statewide tiering model	Workforce supports are categorized into baseline, improvement, and intensive tiers in a way that builds from L2Q, Cape, Child Care Aware of Kansas QIC services, KCCTO Workforce Development, ITSN, COE, accreditation pathways, and the Career Pathway rather than creating a parallel quality system.	KOEC/OEC; L2Q/CCQIS leads; Cape administrators; Child Care Aware of Kansas; KCCTO; ITSN; QIC; COE	Tier framework published; resource inventory tagged by tier
Publish transparent eligibility triggers and routing logic	A short eligibility guide clarifies how providers access supports based on licensing stage, role, quality engagement, accreditation-readiness goals, FFN/Supporting Care Providers pathways where applicable, and geography.	Office of Early Childhood; CCR&R partners; state agencies	Eligibility guide released; fewer provider inquiries about eligibility
Align financial supports, benefits, and operational relief with tier progression	Providers see a coherent package of supports aligned to their stage of engagement and L2Q-aligned quality goals. Participation requirements account for rural feasibility, substitute availability, travel time, broadband, and administrative capacity.	Office of Early Childhood; state agencies	Increased participation in higher tier supports; improved rural participation rates

Appendix E (cont.)

Sustain and Scale What Works

Recommendation	What Implementation Looks Like	Lead / Key Partners	Early Indicators
Develop sustainability pathways for high-demand workforce supports	Substitute coverage models, benefits navigation, infant/toddler stabilization, CCMS/ business supports, and related quality guardrails have sustainability plans including operating model, funding source, geographic coverage, and minimum service capacity.	Office of Early Childhood; Child Care Aware of Kansas; state agencies	Sustainability plans completed; continued operation beyond grant periods
Use COE, local coalitions, Child Care Zones, and other place-based strategies as a learning and replication engine	A shared replication-readiness framework evaluates Zone-tested, COE-supported, coalition-supported, and other place-based strategies using consistent indicators such as provider uptake, cost, staffing needs, provider usefulness, fit with L2Q/Cape/QIC pathways, and whether similar supports already exist locally or through partners.	KOEC/OEC; Child Care Aware of Kansas COE; Zone leads; CCR&R partners; evaluation partners	Replication framework adopted; statewide scaling decisions documented
Braid COE, community infrastructure, and provider supports	Community Engagement, Communities in Action, local coalition work, GO Team, QIC, L2Q, FFN supports, and accreditation-readiness pathways have defined referral routes and warm handoffs so community capacity-building connects to concrete provider-facing supports.	CCA-KS; COE; CCR&R partners; QIC; GO Team; L2Q leads	Increased referrals from community engagement initiatives into workforce supports

Appendix E (cont.)

Build a Continuous Learning Cycle

Recommendation	What Implementation Looks Like	Lead / Key Partners	Early Indicators
Establish a statewide evidence dashboard or other tracking mechanism to show shared progress and monitor what is available for providers.	A simple dashboard tracks what is available for each major workforce support category, including things like reach, distribution across provider types and regions, engagement levels, provider-reported usefulness, and selected outcome proxies.	Office of Early Childhood; Cape administrators; CCA-KS partner organizations	Dashboard launched; consistent reporting across programs
Anchor decision-making in provider-defined needs	Annual workforce surveys, IPDP patterns, L2Q/QIC feedback, accreditation-readiness feedback where available, COE/local coalition feedback, and provider listening efforts inform adjustments to workforce supports. Results are segmented by provider type, geography, and role.	Office of Early Childhood; research partners; CCR&R partners	Survey results incorporated into program adjustments
Implement an annual keep / scale / redesign / sunset review process	Major workforce supports are reviewed annually using consistent indicators to determine whether they should continue, expand, change, or end.	Office of Early Childhood; partner agencies	Annual review process documented; program adjustments publicly reported
Publish “What we learned / what we changed” summaries	Short public updates communicate system improvements and program adjustments to providers and stakeholders.	Office of Early Childhood; partner organizations	Annual summary published; improved transparency

Appendix E (cont.)

Implementation Roadmap

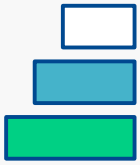
Four actions to make child care workforce investments easier to find, better aligned, more sustainable, and continually responsive in Kansas.

Reduce Fragmentation



- **Adopt a "no wrong door" navigation model** so providers always reach the correct point of contact.
- **Standardize taxonomy and terminology** across Cape, CCAKS, and state platforms to reduce confusion.
- Use **a shared Kansas** decision tree as the **"Where to start"** tool during Cape.

Clarify Tiering



- **Adopt a statewide tiering model:** baseline, improvement, and intensive.
- **Publish transparent guides** so providers know how to qualify for various support levels.
- **Consider operational realities** (rural, technical, capacity) in participation requirements.

Sustain and Scale What Works



- **Create clear sustainability plans** for high-demand supports like substitute coverage and infant-toddler stabilization.
- **Use Zones as "learning labs"** to refine innovative solutions and design replication criteria.
- **Strengthen referral pathways** between community initiatives and provider

Build a Continuous Learning Cycle



- **Establish** a shared, statewide evidence dashboard to track utilization and feedback.
- **Conduct annual "keep, scale, redesign, or sunset"** reviews based on provider-defined data.
- **Publish "What we learned'** summaries with system improvements.

Implementation supported by Kansas State Agencies, Cape, and Child Care Aware of Kansas

Appendix E (cont.)

Strengthen L2Q Alignment and Phase 2 Crosswalk

Recommendation	What Implementation Looks Like	Lead / Key Partners	Early Indicators
Develop a provider-facing Quality Pathway guide	A plain-language guide shows how Child Care Aware of Kansas QIC services, KCCTO Workforce Development, ITSN, Cape, COE, GO Team, CCR&R partners, substitutes, business supports, financial supports, Supporting Care Providers of Kansas where applicable, and accreditation-readiness supports connect to L2Q participation and quality improvement.	L2Q/CCQIS leads; Child Care Aware of Kansas; QIC; COE; KCCTO; ITSN; Cape administrators	Quality Pathway guide drafted and reviewed by providers/partners
Create a Phase 2 L2Q resource-to-indicator crosswalk	Existing supports are mapped to L2Q indicator areas in a provider/coach tool, including access route, warm-handoff partner, eligibility, geographic reach, accreditation-standard connection where useful, and whether each support is statewide, regional, or time-limited.	L2Q/CCQIS leads; CCAKS; KOEC/OEC; DCF; KCCTO; ITSN; CCR&R partners	Crosswalk completed; gaps identified by indicator area and provider type
Use crosswalk findings to set investment priorities	Kansas uses the crosswalk to identify where providers need additional support to meet L2Q indicators, especially family child care, rural providers, and programs needing operational relief before they can participate consistently.	KOEC/OEC; DCF/CCDF administrators; L2Q leads; CCAKS; partner organizations	Phase 2 priorities documented; sustain/scale/redesign decisions reference crosswalk findings