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# A Snapshot of the Rural Early Care and Education Landscape:

Examining data from 13 counties in Pennsylvania









# Introduction

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Rural families and child care providers have some of the greatest challenges in accessing and providing child care due to the unique realities of rural areas including fewer high-quality options, distance and travel, limited transportation, higher teacher turnover, fewer qualified individuals living in the region, and lower family incomes.<sup>1</sup>

For the purpose of this brief, a county is defined as rural when the number of people per square mile within the county is less than 291 (the statewide average, as of the 2020 Census). Of Pennsylvania's 67 counties, 72% are classified as rural.<sup>2</sup> According to 2021 Pennsylvania data, just over 162,000 children under five live in rural counties.<sup>3</sup> This brief highlights data in the following rural counties: Armstrong, Butler, Centre, Clarion, Fayette, Franklin, Greene, Indiana, Somerset, and Washington. It also includes data from Lancaster, Westmoreland, and York counties, which aren't classified as rural based on the population and definition, but include pockets of rural communities facing similar challenges.

Child care remains one of the largest expenses for rural families. The affordability of and access to high-quality child care create barriers to finding and maintaining employment. A national study found that rural residents are facing many challenges including affordability of quality child care:<sup>4</sup>

- 70% of rural residents say high-quality, affordable child care is essential or very important to strengthen the economy and help workers.
- More than half of rural residents polled say access to high-quality affordable child care has gotten worse since the pandemic.

Access to high-quality early care and education has short- and long- term benefits, especially among low-income communities, including increased school readiness, improved academic achievement, higher college graduation rates, and higher salaries.<sup>5</sup> Investing in high-quality child care and pre-k is not only good for children, it is also a strategic economic development strategy for rural Pennsylvania. Despite growing research, there is not enough focus on rural early childhood education (ECE) programs and the needs of working rural families. In order to provide a snapshot of the need, supply, and accessibility for families, the following sections highlight data including family labor participation, child care capacity, eligible children served in publicly-funded programs, provider type, and teacher compensation. Start Strong PA also interviewed a small number of providers and families living in these rural counties and their stories are woven throughout the data.

*“ When I was a home visitor, I also worked part-time in my children’s center. I loved working with children but it was very labor intensive and it didn’t pay a lot. No wonder staff aren’t staying. Even though I’m not in the field right now, I want to help make it better. I love early childhood education and hope to return to the classroom if the pay becomes better.”*

-Wenxi Schwab, parent from Indiana County

# Working Families Child Care Needs



In Pennsylvania, 537,700 (68%) of children under six have all available parents in the labor force.<sup>6</sup> Table 1 shows the data by county.

**Table 1: Family Labor Participation<sup>7</sup>**

County	Families with children ages 0-5	All Parents in the Labor Force	Percentage
STATE	788,300	537,700	68%
Armstrong	3,500	1,700	49%
Butler	10,500	8,600	82%
Centre	6,100	3,800	63%
Clarion	N/A	N/A	63%
Fayette	6,400	4,300	66%
Franklin	10,000	6,900	69%
Greene	N/A	N/A	55%
Indiana	5,100	3,900	75%
Lancaster	39,100	21,900	56%
Lawrence	4,600	2,800	60%
Somerset	3,700	2,800	74%
Washington	12,400	8,600	69%
Westmoreland	18,100	13,100	72%
York	27,700	18,700	68%

Nearly every county shows a majority of all available parents in the labor force. Seven of the counties reviewed have a higher proportion of parents in the workforce than the state with Butler County at over 80% and Indiana and Somerset with three quarters of parents in the workforce. These families need child care for their children under age six because there is no parent available to stay home with them. Child care is the workforce behind the workforce, and access to reliable, high-quality care impacts worker and business productivity. A 2023 report from ReadyNation and the Early Learning Investment Commission found that the impact of insufficient child care can cost PA families, employers, and the economy \$6.65 billion annually. According to the report, 56% of Pennsylvania parents surveyed reported being late for work due to child care struggles; half or more reported missing full days of work, leaving work early, or being distracted at work; and more than half of parents said problems with child care hurt their efforts at work.<sup>8</sup>

It's not clear how much preference plays a role in choice for child care or if the many barriers force working parents to piece together informal options (patchwork of care from grandparents, family, friends, or part-time babysitters). Child care providers made it clear that they are full with waiting lists. One provider shared that she has families calling her in tears every day looking for a program with a space for their child.

*“ I’ve never had to advertise for my centers in 30 years. Families need child care and they find us by word of mouth. We have a waitlist at our main center. I had to switch to just before and after school care at another location because I don’t have enough staff to operate all day.”*

- Denise Storer, Creative Kids Learning Center, Clarion County

In addition to rural parents being likely to work more hours and still earn less, there is an increase in families working nontraditional hours and multiple jobs and longer commute times to and from home and work.<sup>9</sup> Options for evening, overnight, or weekend hours are scarce, with one parent describing them as non-existent. Child care providers are struggling just to stay open and maintain staff to operate typical school and business hours, and some reported even having to shorten those.

According to Children’s Hospital of Philadelphia (CHOP) PolicyLab’s *Our Rural Pennsylvania Project*, early childhood education and child care are one of the services named by mothers and caregivers as a critical need to support health and wellbeing.<sup>10</sup> Most young and middle-aged rural women participate in the labor force, yet their participation is the lowest when compared to rural men, and urban women and men.<sup>11</sup> It is likely that child care access and affordability plays a role in the portion of parents not in the workforce. Providers stressed that they see themselves as playing a critical role in supporting the economy. Child care is both preparing our future workforce and enabling parents to productively work.

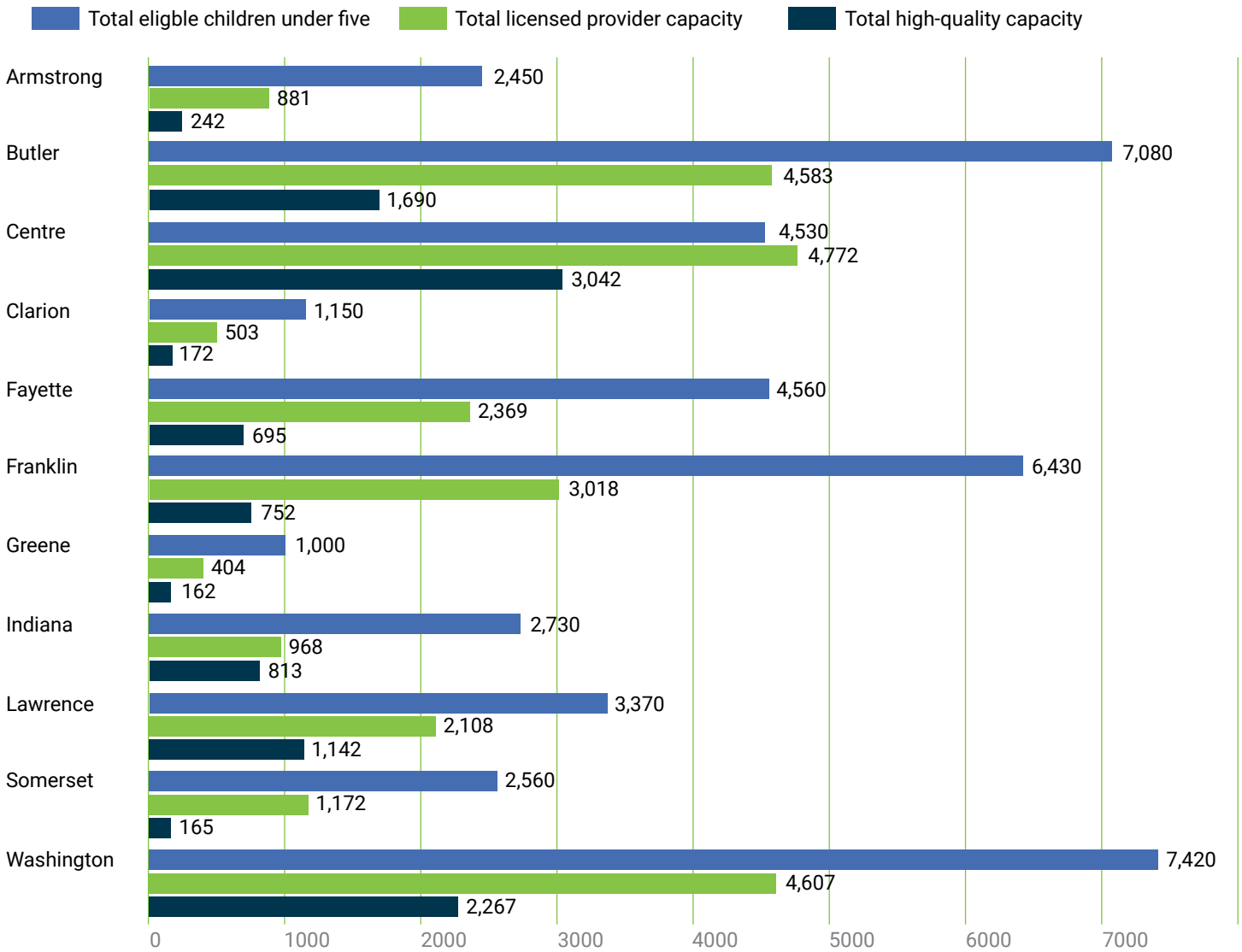


# Child Care Provider Capacity

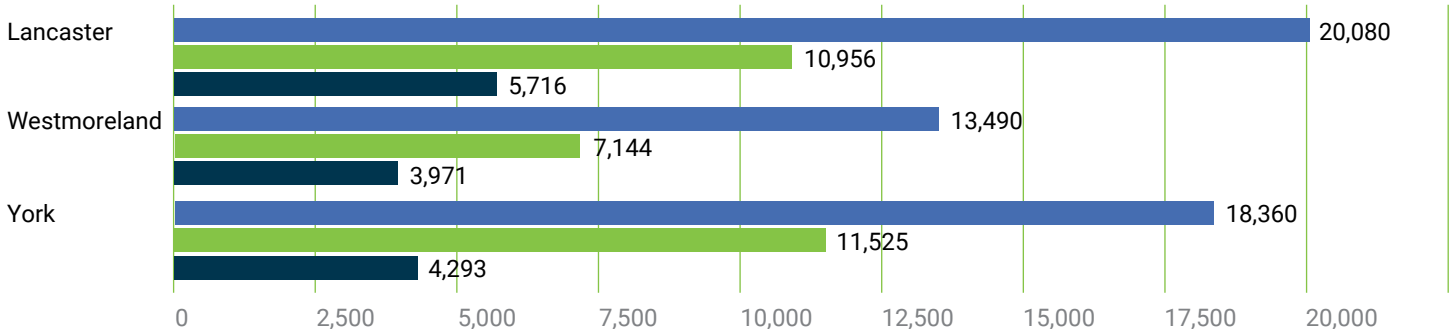
The graphs below compare the number of children under five eligible for the Child Care Works (CCW) subsidy<sup>12</sup> with the licensed capacity and the high-quality slots.<sup>13</sup> Families are eligible for the CCW subsidy if their incomes are at or below 200 percent of the Federal Poverty Level (\$60,000 for a family of four) or for those

receiving or who have formally received Temporary Assistance for Needy Families (TANF), as well as families participating in SNAP. The provider capacity includes the total number of spaces available for children in licensed programs across the county.

**Graph 1: CCW subsidy eligible children compared with licensed capacity and high-quality slots by county**



**Graph 2: CCW subsidy eligible children compared with licensed capacity and high-quality slots by county**



It's clear that the number of subsidy-eligible children who need child care exceeds the licensed capacity in every county with the exception of Centre. This data doesn't show the need for children of private pay families. We also aren't able to track what the families do to solve their need for child care when it's not available to them. Access to high-quality care is even lower when compared to the number of children needing to be served. Indiana County is a bright spot with their quality capacity at 84% compared with the state's capacity at 46% high-quality.

In addition to counties not having enough licensed capacity for all children, many providers have had to close a classroom or reduce hours within the past year. Most child care programs are not operating at full capacity because they don't have enough staffing, leading to closed classrooms and waiting lists.

*“ There is a workforce case for investing in child care. If you make child care available and affordable, people will join the workforce. Child care improves workforce productivity, expands our economy, and makes our communities stronger.”*

- Dr. Leah Spangler, The Learning Lamp with locations in Bedford, Blair, Cambria, Fayette, Somerset, and Westmoreland counties

The total licensed provider capacity refers to child care centers, group child care homes, and family child care homes certified by the Office of Child Development and Early Learning (OCDEL) which are defined in the box to the right.

## Types of Providers

**Child Care Center:** Care and education provided to more than seven children in a center that is state certified by the Office of Child Development and Early Learning (OCDEL).

**Group Child Care Home:** Care and education provided for up to 12 children in a home or commercial setting that is state certified by OCDEL.

**Family Child Care Home:** One caregiver who provides care and education for three to six children who are not related to them in a home setting that is state certified by OCDEL.

**Relative Care:** One caregiver who provides care and education for no more than three related children in a home setting who may be eligible for subsidy reimbursement.

Home-based providers (Group and Family Child Care Homes) make up one-fifth of licensed child care slots in rural America.<sup>14</sup> Home-based providers are more likely to meet the needs of rural families such as being located in a residential home closer to family and may often be provided by a relative or someone the family knows in the community. On the following page, table 2 displays licensed provider types.



**Table 2: Provider Types<sup>15</sup>**

County	Centers serving children under five	Group Child Care Homes serving children under five	Family Child Care Homes serving children under five
STATE	4,025	612	1,140
Armstrong	14	2	8
Butler	46	6	12
Centre	41	2	13
Clarion	7	1	1
Fayette	37	5	2
Franklin	27	7	27
Greene	4	2	8
Indiana	11	2	8
Lancaster	100	20	50
Lawrence	23	3	2
Somerset	14	8	2
Washington	51	1	6
Westmoreland	76	7	13
York	94	12	38

Statewide home-based providers make up about 30% of licensed programs yet home-based providers comprise a much higher proportion in some of the rural counties analyzed. In Greene County, home-based providers account for over 70% of licensed

options and for over half in Franklin County. Indiana County home-based providers are 48% of licensed options and in Armstrong and Somerset home-based providers are 42% of licensed child care.





Table 3 includes the number of relative providers caring for infants, toddlers, and preschool children receiving the CCW subsidy. Relative provider care is not included in the table above, nor is it accounted for in earlier tables comparing child care capacity with children with all parents in the workforce. Relative providers offer care and education for no more than three related children in a home setting. While they are not licensed providers, if relative providers have a child in their care who qualifies for child care subsidy, and they comply with participation requirements they may be eligible for subsidy reimbursement.

**Table 3: Relative Providers<sup>16</sup>**

County	Relative Providers with Infant-Preschool CCW Enrollment
STATE	1,267
Armstrong	4
Butler	9
Centre	1
Clarion	0
Fayette	14
Franklin	3
Greene	3
Indiana	2
Lancaster	20
Lawrence	14
Somerset	5
Washington	14
Westmoreland	21
York	18



The table above only accounts for relative care providers with CCW subsidy enrollment, and it is likely there are many more child care arrangements in rural communities who are not accounted for in this report and who could receive financial support through the CCW program.

# Public Funding for Child Care and Pre-K

Table 4 focuses on the number of infants and toddlers eligible to receive the Child Care Works (CCW) subsidy and the percentage who are served. The CCW subsidy plays an important role in making child care more affordable for working low-income

families, enabling parents to work while their children are cared for in a nurturing and educational environment. Providers receive a subsidy reimbursement from the state and parents pay a small co-pay.

**Table 4: Child Care Works - Infants and Toddlers**

County	Infants and toddlers eligible for CCW <sup>17</sup>	Infants and toddlers served in CCW <sup>18</sup>	Percentage Served <sup>18</sup>
STATE	180,480	44,579	25%
Armstrong	1,250	90	7%
Butler	1,610	188	12%
Centre	1,260	181	14%
Clarion	540	29	5%
Fayette	1,980	298	15%
Franklin	2,960	210	7%
Greene	370	47	13%
Indiana	1,140	149	13%
Lancaster	7,050	1,356	19%
Lawrence	1,590	314	20%
Somerset	1,050	80	8%
Washington	2,420	392	16%
Westmoreland	4,450	611	14%
York	5,760	1,066	19%

The state only serves a quarter of CCW-eligible infants and toddlers and, unfortunately, this figure is even lower in every rural county reviewed. Both subsidized and private pay infant and toddler care is difficult to find and afford, especially nearby home and work in rural areas.

A provider in Fayette County is working to open another location specifically to serve infants and toddlers because it's their largest waiting list and there are not many high-quality options. Another provider in Indiana County is also hoping to expand and serve more two-year-olds. She was able to secure the space for

another classroom, but can't enroll more children because she isn't able to hire and retain enough qualified full-time staff. While programs can solve the problem of space, program waitlists are long, classrooms are empty, and families wanting to work remain unserved.

In addition to the lack of infant and toddler care, providers reported the subsidy rates are far from covering the cost of providing care for children. They struggle because they don't want to turn families away but enrolling children on subsidy can hurt their budget. Currently, Pennsylvania is reimbursing providers at the 60th percentile of the market rate, which is lower than the federally recommended 75th percentile. The market rate is determined by what providers report to charge private pay families which is lower than the cost of providing high-quality care because families can't afford to pay more.

A single mother from Indiana County shared her story of not being able to afford care for her three children until a director from an early learning program helped her apply for the CCW subsidy, which she had not known about because the state doesn't advertise. The subsidy program allowed her to keep her job and help make her co-pay for high-quality care manageable.

Table 5 highlights high-quality public pre-k funding which includes Pre-K Counts, state and federal Head Start, school district pre-kindergarten, and Keystone STAR 3 & 4 centers and group child care homes serving three- and four-year olds in CCW. The eligibility for Head Start is families making up to 100% of the FPL while the eligibility for Pre-K Counts includes families making up to 300% of FPL.

**Table 5: Pre-K Children Served**

County	Three- and four- year olds eligible <sup>19</sup>	Three- and four- year olds served <sup>20</sup>	Percentage served <sup>20</sup>
STATE	167,470	65,970	39%
Armstrong	950	349	37%
Butler	1,730	474	27%
Centre	1,320	446	34%
Clarion	540	299	55%
Fayette	1,790	394	22%
Franklin	2,370	677	29%
Greene	460	289	63%
Indiana	1,290	726	56%
Lancaster	8,610	2,003	23%
Lawrence	1,280	738	58%
Somerset	990	377	38%
Washington	2,120	940	44%
Westmoreland	3,800	1,419	37%
York	6,200	1,272	21%



Pre-K children are served at much higher rates than infants and toddlers given that pre-k investments have been more consistent and sustainable. The child to adult ratio for pre-k is lower (10:1) than for infants (4:1) and toddlers (6:1) so programs can more easily staff pre-k classrooms. Infant and toddler classrooms are more labor intensive and more expensive for programs to operate, also contributing to the insufficient capacity to serve the youngest children.

Clarion, Greene, Indiana, and Lawrence are serving more than half of their eligible three- and four- year olds. State investments for pre-k have increased to over \$390 million since its inception in 2007, thanks to strong bipartisan support. Pennsylvania now

serves nearly 34,000 children through Pre-K Counts and Head Start Supplemental Assistance Program. The most recent historic investment of \$79 million increased rates to keep up with the cost of delivering high-quality care and expanded access to more than 2,300 children statewide.

Continued state and federal investments in both pre-k and infant and toddler child care are essential to ensuring the early learning system can thrive. **While Pennsylvania still has a long way to go in serving more children who are eligible for the child care subsidy and public pre-k, we cannot solve this problem without addressing the early educator staffing crisis.**



# The Child Care Workforce

Early care and education programs are able to serve children when they have consistent and qualified staff. Unfortunately, the strongest theme in conversations with providers is that the field is still in a staffing crisis. It is the issue underpinning every other challenge in the field.

Pennsylvania is experiencing a dramatic decline in teachers from pre-k to 12th grade and rural communities have been the most significantly impacted by this decline. Research suggests that teacher salaries have declined relative to alternative industries.<sup>21</sup>

A 2023 Start Strong PA survey taken by more than 1,100 programs reported 4,000 open positions with nearly 35,500 children on waiting lists. Additionally programs reported 2,200 children on the Pre-K Counts waiting lists and 650 children on the Head Start Supplemental Assistance Program waiting lists.<sup>22</sup>

The number one reason early childhood teachers are leaving the field is due to low wages and lack of benefits. *The High Cost of Working in Early Childhood Education* report from Start Strong PA and Children First used data from the Department of Labor and Industry to calculate the statewide median income for an ECE teacher is \$12.43/hour, only \$25,844 annually.<sup>23</sup> Table 6 shows the median earnings of early childhood educators compared to the median elementary school teacher salary and the cost-of-living index by county.

**Table 6: Median Earnings Comparison of Cost-of Living by County**

County	Median Earnings <sup>24</sup>	Median Elementary Teacher Salary <sup>25</sup>	Cost-of-Living <sup>24</sup>
Armstrong	\$16,868	\$64,340	\$31,138
Butler	\$25,956	\$64,360	\$34,258
Centre	\$25,624	\$61,540	\$36,629
Clarion	\$16,250	\$60,490	\$32,677
Fayette	\$17,356	\$76,090	\$34,258
Franklin	\$19,892	\$63,340	\$33,218
Greene	\$15,960	\$61,220	\$32,802
Indiana	\$22,340	\$60,860	\$32,760
Lancaster	\$27,120	\$77,000	\$33,779
Lawrence	\$21,628	\$74,580	\$31,138
Somerset	\$16,490	\$61,130	\$32,427
Washington	\$23,246	\$63,040	\$34,258
Westmoreland	\$21,712	\$63,160	\$34,258
York	\$25,050	\$77,320	\$33,093

No county shows median annual earnings above \$26,000, with six counties below \$20,000 a year. Compared with K-12 counterparts, early childhood educators are making less than half of elementary school teachers in their communities. The median earnings fall well under the cost of living in every county. As referenced throughout the report, the abysmal wages are a key factor in the lack of available child care and impacts access for families.

*“ This is an extremely hard job and it’s not paid what we deserve. Local fast food chains are paying \$18/hour. I can’t compete with that and I’m asking them to have degrees and take trainings.”*

- Heather Smoyer, Kindercare, Centre County

A Franklin County provider shared a story of a friend who expanded her program with three new classrooms to serve families on her waitlist. However, the classrooms have been sitting empty for two years and her waitlist has grown to over 150 families. She has not been able to open because she can’t find qualified teachers. This was a common trend among providers we spoke with for the report. As previously mentioned, child care providers are finding ways to secure space in efforts to serve more children and families but they need sustainable public investments to hire and retain staff so families are not burdened with this cost.

Providers shared stories of cycling through staff and the impact on their business operations and their children. When new staff are hired, programs have to cover the cost of their pre-service mandated training, which becomes expensive with high turnover. Programs often lose the investment when teachers can’t stay due to low pay. Turnover also has a negative impact on children who develop trust with their teachers. Consistent relationships are important for child development and the lack of investment in educators harms children’s progress as well.

*“ The gap between what we can pay and what they deserve is extreme. Without public investments, it will get worse.”*

- Melissa Judy, Crayon Clubhouse and Pinky Toes Child Care and Development Center, Fayette County

Providers highlighted the difficulty of training staff, especially with changing requirements and when onboarding new employees. While the field knows the importance of the health and safety standards to provide quality care and education for our youngest children, there are ways to alleviate the hardship and challenges rural providers face. In January 2022 the Pediatric First Aid and CPR Training changed, requiring all staff in licensed child care programs to be certified in Pediatric First Aid and CPR. In order to be in compliance with the federal Child Care and Development Block Grant (CCDBG), child care staff cannot be left unsupervised with children until this training is completed. Additionally, the Pediatric First Aid and Pediatric CPR training must be conducted by an approved Pennsylvania Quality Assurance System (PQAS) Instructor using an OCDEL recognized curriculum which is difficult for rural providers and their staff to access easily.

Another challenge that providers raised is the lack of mental and behavioral health and early intervention services - reporting long waiting lists, unreturned phone calls, and a lack of professionals to offer additional supports. For instance all licensed child care providers are eligible for the free consultation program Infant Early Childhood Mental Health (IECMH), however, there are long waitlists and IECMH is also facing a staffing shortage. Following the pandemic, young children need social and emotional supports more than ever to help with their development.



# Recommendations

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Early childhood programs can't continue to operate with their current budgets and expenses that are more than what families can afford to pay. Middle class families cannot continue to shoulder the brunt of the cost, along with the child care teachers who subsidize the system through their own low wages. Child care is an integral part to making sure rural communities thrive.

The data in this report only tells a portion of the story. More in depth research and learning is needed to understand family needs and child care choices. It's important to note that the data and stories of early care and education providers were not vastly different from what we hear across the state from providers in urban and suburban settings. The staffing crisis is at the root of the problem for rural communities, and likely exacerbated due to fewer qualified people and areas of sparse population.



## 1. Invest long-term, sustainable funding for early childhood educator wages.

The core challenge for programs is not being able to pay staff a living wage. Child care programs can't compete with the entry level pay in corporate fast food and retail chains, and teachers who receive a bachelor's degree often move on to a school district with higher pay and benefits. Without qualified teachers and staff, child care programs can't serve families. Lack of early childhood educators creates a lack of access for children and their working families.

## 2. Conduct further research on family child care needs and choices in rural communities.

Pennsylvania should conduct more in-depth research to better understand how lack of licensed child care impacts how rural families work and find care for their children. We need to learn more about why families choose certain care options and what informal care options look like. Additionally, the impact of other barriers like transportation must be explored for both families and providers. We need a better understanding of how transportation impacts access to high-quality care and education opportunities. The state should explore ways to support transportation for working families and how to alleviate barriers of getting to and from work, child care, and home.

## 3. Support resources and quality for home-based and relative care providers.

Group child care, family child care, and relative provider care play an essential role in the child care landscape of rural communities. Home-based providers often face greater challenges in achieving high-quality ratings. It is likely there are many more relative caregivers and families who would qualify to receive the CCW subsidy. Pennsylvania should offer more technical assistance and support to help grow the supply and quality of home-based providers.

## 4. Increase infant and toddler contracted slots (grants).

Providers who participated in Pennsylvania's Infant Toddler Contracted Slot Program (ITCSP) reported the increased funding helped their programs meet staff qualifications and ratio requirements.<sup>26</sup> The ITCSP pays more per slot than providers receive in reimbursement from subsidy rates which helps providers pay their staff more. Contracted slots utilize the "grant agreement" process similar to Pre-K Counts and the funding remains with the program which helps stabilize their budget and serve more children.

## 5. Move to an alternative cost methodology for setting subsidy rates.

The current subsidy reimbursement rate is determined by a market rate survey conducted every three years. The market rate is determined by what providers charge families, rather than the true cost of care. This exacerbates the inequities between lower and higher income communities and severely undercuts what it truly costs providers to provide high-quality care. Rural providers shared that the revenue from the Child Care Works subsidy negatively impacts their financial stability. Rather than a market rate survey, Pennsylvania should consider using an alternative method based on cost modeling to reimburse subsidy rates that cover the true cost of care.

## 6. Increase early intervention, mental health, and behavioral health resources and professionals.

ELRC Region 5 partners in collaboration with early intervention service providers, launched a Rapid Response Team in Allegheny County in January 2021 modeled after York and Adams counties. The goal of the Rapid Response Team is to provide assistance and support to a child care center's administration and staff, and to help families with locating resources that may supplement the child's care. Only three counties currently have a Rapid Response Team, and an expansion to more counties could benefit rural communities. Additionally, our partners in the Thriving PA campaign are advocating for increasing the number of children served in Part C Early Intervention (EI) through improvements to outreach, referral, and enrollment processes.

## 7. Provide more support and resources to help rural providers meet training requirements.

While the Pediatric CPR and First Aid Training is offered for free through the Professional Development Organizations (PDO), there is not enough funding and resources to meet the range of needs across a variety of settings such as rural, urban, and suburban and provider type. The PDO at PASSHE serves the Northwest, Northeast, Southwest, and Central regions and it has been difficult for many rural providers to get their staff trained. The statewide professional development registry had several trainings located in Pittsburgh, Harrisburg, and Philadelphia but few were offered in rural communities. Providers reported the trainings to be limited and hard to access, and often staff had to travel for more than an hour. Despite the training being provided for free, rural providers still had to cover the cost for staff time and travel. In consideration, we are recommending better communication and transparency regarding new requirements, more technical assistance, flexibility, and support for providers in rural areas to ensure we are intentionally planning for their unique barriers and that they can meet the needs of the families they serve.

**Despite the challenges shared by providers, there were some bright spots such as:**

**Sharing training opportunities with other programs in their areas so that more staff in the county could join and receive the required training.**

**Hiring current and/or former parents to join the staff of a program and supporting them to obtain their credentials.**

**Supporting teachers to go through the T.E.A.C.H. program to advance their education and credentials.**

**Indiana County Head Start using ARPA dollars to reimburse families for transportation.**

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